

# Northern Territory Aboriginal Health

*Key Performance Indicator Information System*



**Australian Government**  
**Department of Health**



## Sample Community

## Health Centre Report

**FINAL REPORT**

**for period 01 July 2024 to 30 June 2025**

### **Guidelines for Accessing and Sharing NT AHKPI Reports**

Twice annually, NT AHKPI reports are generated at the NT, HSDA and community level. HSDA and community-level reports are shared with nominated persons in health services to assist with CQI efforts. The NT de-identified HSDA Summary Report and NT-wide Public Report are delivered directly to the NT Aboriginal Health Forum and NT AHKPI Steering Committee Members.

NT AHKPI reports/data provided to nominated persons cannot be shared with external parties or disclosed publicly without prior approval by the NT AHKPI Steering Committee.

For advice regarding access to, and sharing of these reports, please seek guidance from the AHKPI Steering Committee secretariat [ahkpi.communications@nt.gov.au](mailto:ahkpi.communications@nt.gov.au). If indicated, a Data Release Approval may be required for the Steering Committee's consideration, available at the following link:

[NT\\_AHKPI\\_Data\\_Release\\_Protocol.pdf](#)

## Acknowledgements

The significance of this report is that it has been made possible due to an extensive team collaboration by many persons from many organisations. This team includes doctors, nurses, health centre managers, administrators, data managers, systems analysts and programmers. Thanks are extended to the whole team who have turned a concept into this community report. Most importantly, this report would not be possible without the efforts of data input into various information systems by health services staff who perform the day to day work of data collection and data entry. A huge thank you has to go to these people who tirelessly feed the systems with data and without which this report would not be possible. This important collaborative effort of members of the NT Aboriginal Health Forum continues.

## Introduction

The Northern Territory Aboriginal Health Forum (NT AHF), that comprises representatives from the Commonwealth Department of Health (DoH), Aboriginal Medical Services Alliance of the Northern Territory (AMSANT) and the Northern Territory Department of Health (NT DoH), have developed this set of Key Performance Indicators (KPI's). The NT wide health jurisdiction Aboriginal Health Key Performance Indicators system (NT AHKPI) is capturing and measuring primary health care data consistently across the variety of NT remote Primary Health Care service providers. The objective of the NT AHKPI system is to contribute to improving primary health care services for Aboriginal Australians in the Northern Territory by building capacity at the service level and the system level to collect, analyse and interpret data that will:

1. Inform understanding of trends in individual and population health outcomes;
2. Identify factors influencing these trends; and
3. Inform appropriate action, planning and policy development

The first of the biannual NT AHKPI reports was released in 2009. This report provides a community level analysis of the suite of KPI's. Full KPI definitions can be found at:

[NT AHKPI-Definition.pdf](#)

## Regular Client

The NT AHKPI only collects data on clients who are recognised as being regular clients in the health clinics Clinical Information Systems/Patient Information Record System (CIS/PIRS). Regular clients are defined as people who 'usually reside in the community serviced by the health centre, and have been present in the community for at least 6 months of the reporting period, and have had some contact with the health service in the previous 2 years or have recently moved to the community and intend to stay there, and are not deceased, as at the end of the reporting period'.

It is acknowledged that this definition is reliant on judgements by health service clinical or administration staff as to whether a client is defined as a regular client and also on the health service staff having the resources to keep the regular client status and address of the client updated. This has been arrived at as a practical working definition, acknowledging that a definition of who is a regular client will always be difficult.

Furthermore, a client may be a regular client for more than 1 location, or may not be recognised as a regular client at any health service as they may be transient or may not attend health clinics, so that the regular client total number can not be assumed to be the total Aboriginal population for the region or the NT.

## IMPORTANT NOTE FOR READERS OF THIS REPORT

### Data quality and use

NT AHKPI system was implemented in 2009. Data prior to 2009 may be incomplete. Data quality will vary across health services depending on their experience in using data and indicators and the capacity of their information systems. The 2009 report established a baseline to measure continuous quality improvements in processes for health data collection and analysis across the diverse and challenging environment that the remote communities of the Northern Territory operate in.

This report is NOT for public distribution as the quality of the jurisdiction wide information collected is being extensively reviewed by the members of the NT Aboriginal Health Forum. Through this rigorous validation process, data quality and collection methods will continue to be analysed and improved.

The format of this report is also under review and subject to change. Furthermore it should be noted that some communities have a small population and interpretation of their data is questionable when small numbers have been used or when a large percentage of the population have not been measured (low coverage). Please remember these points when determining the validity of the data.

### Reporting Periods

The reporting period for most KPIs is 12 months but there are some exceptions. KPI 1.13 reports the previous 6 months and KPIs 1.7, 1.10, 1.14, 1.16 and 1.18 report over the previous 2 years. KPI 1.12 reports over the previous 5 and 6 years.

### Confidentiality and distribution

As noted above, there are important data quality issues to consider in determining how to use this report. It contains important information about the community served by your health service. The NT AHKPI Steering Committee recommends that this report only be distributed and used within your organisation. The Steering Committee further recommends that, if you are considering releasing the report outside your organisation, you contact the NT AHKPI Data Custodian to discuss confidentiality, data quality and interpretation issues specific to your report.

All NT AHKPI data collected through health service organisations operational information systems are the property of the health service organisations. Access to data stored in the central NTAHKPI repository will not be granted without the consent of the individual Aboriginal Community Controlled Health Organisation and will only be released to individuals/organisations following approval by the NT AHKPI Steering Committee in accordance with the NT AHKPI system Data Management Strategy and Protocols, December 2008.

The NT AHF in consultation with member organisations will decide the format and timing of public data release from the NT AHKPI system at a point in the future when the data are of sufficient quality.

### Known General Issues for Sample Community

## Sample Community Aboriginal KPIs Summary for period 01 July 2024 to 30 June 2025

<b>AHKPI 1.1 - Episodes of Health Care and Client Contacts</b>	<b>Total</b>	<b>Denominator</b>	<b>Community (%)</b>
Episodes of health care	5,482	N/A	N/A
Client Contacts	7,699	N/A	N/A
Resident client population	335	N/A	N/A
<b>AHKPI 1.2.1 - First Antenatal Visit</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Community (%)</b>
< 13 weeks	4	5	67%
< 20 weeks	0	5	0%
20+ weeks	0	5	0%
<b>AHKPI 1.2.2 - Anaemia in Pregnancy</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Community (%)</b>
Clients who were anaemic at their last test during pregnancy	0	10	0%
Clients who were anaemic at any test during pregnancy	1	10	10%
Clients who gave birth to Indigenous babies and measured for Anaemia	4	10	40%
<b>AHKPI 1.3 - Birth Weight</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Community (%)</b>
High	0	5	0%
Low	0	5	0%
Normal	4	5	67%
<b>AHKPI 1.4.1 - Fully Immunised Children</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Community (%)</b>
6-11 months	5	33	15%
12-23 months	3	33	9%
24-71 months	23	33	68%
<b>AHKPI 1.4.2 - Timeliness of Immunisations</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Community (%)</b>
4 months	4	9	40%
12 months	2	9	20%
<b>AHKPI 1.4.3 - Timeliness of Immunisations</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Community (%)</b>
18 months	7	19	35%
4 years	6	19	30%
<b>AHKPI 1.5 - Underweight Children</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Community (%)</b>
Measured	26	53	48%
Underweight	1	53	2%
<b>AHKPI 1.6 - Anaemic Children</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Community (%)</b>
Measured	21	47	44%
Anaemic at any examination	10	47	21%
Anaemic at last examination	3	47	6%
<b>AHKPI 1.7 - Chronic Disease Management Plan</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Community (%)</b>
Clients with CHD on GPMP/ALT GPMP	16	101	16%
Clients with Diabetes & CHD on GPMP/ALT GPMP	11	101	11%
Clients with Diabetes on GPMP/ALT GPMP	54	101	53%
<b>AHKPI 1.8.1 - HbA1c Tests</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Community (%)</b>
HbA1c Test	60	71	83%

Note: NTG PCIS clinics please be advised that there has been an improvement to the calculation for KPIs 1.4.2 & 1.4.3 FY2020/21 numbers. There are still underlying issues with the data quality and system limitation.

Note: The reporting period for most KPIs is 12 months but there are some exceptions. KPI 1.13 reports the previous 6 months. KPIs 1.7, 1.10, 1.14, 1.16, 1.18, and 1.19 report over the previous 2 years. KPI 1.12 reports over the previous 5 and 6 years.

## Sample Community Aboriginal KPIs Summary for period 01 July 2024 to 30 June 2025

<b>AHKPI 1.8.2 - HbA1c Measurements</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Community (%)</b>
Clients with HbA1c<=7%(<=53mmol/mol)	17	61	27%
Clients with HbA1c>7% and<=8%(54 to 64 mmol/mol)	14	61	23%
Clients with HbA1c>8% and<10%(65 to 85 mmol/mol)	11	61	18%
Clients with HbA1c>10%(=>86mmol/mol)	18	61	29%
<b>AHKPI 1.10 - Health Check</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Community (%)</b>
Completed Health Check	164	284	58%
Completed ALT Health Check	1	284	0%
<b>AHKPI 1.12 - Cervical Screening</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Community (%)</b>
Cervical Screening Recorded	57	85	66%
Cervical Screening Not Recorded	27	85	34%
<b>AHKPI 1.13 - Blood Pressure Control</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Community (%)</b>
Blood Pressure Recorded	59	129	45%
Blood Pressure less than or equal to 130/80 mmHg	33	129	25%
<b>AHKPI 1.14 - eGFR/ACR test recorded</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Community (%)</b>
Both eGFR and ACR recorded	97	144	67%
eGFR or ACR recorded	21	144	15%
Not screened	24	144	17%
eGFR/ACR Test Normal Risk	57	261	22%
eGFR/ACR Test Mild Risk	20	261	8%
eGFR/ACR Test Moderate Risk	13	261	5%
eGFR/ACR Test High Risk	6	261	2%
eGFR/ACR Test Severe Risk	1	261	0%
eGFR/ACR Test Incomplete	21	261	8%
<b>AHKPI 1.15 - Rheumatic Heart Disease</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Community (%)</b>
Clients with ARF/RHD receiving 50% to 80% prescribed BPG	3	13	21%
Clients with ARF/RHD receiving 80% prescribed BPG	8	13	57%
Clients with ARF/RHD receiving less than 50% prescribed BPG	1	13	7%
<b>AHKPI 1.16 - Smoking status recorded</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Community (%)</b>
Smoking Status Recorded	143	355	40%
Smoker	71	355	20%
Non-Smoker	60	355	17%
Ex-Smoker less than 12 Months	7	355	2%
Ex-Smoker greater than or equal to 12 Months	5	355	1%
<b>AHKPI 1.17 - STI test recorded</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Community (%)</b>
All STI Test Recorded	42	76	55%
Chlamydia and Gonorrhoea Test Recorded	49	76	64%
HIV Test Recorded	44	76	57%
Syphilis Test Recorded	49	76	64%
<b>AHKPI 1.18 - Cardiovascular risk assessment</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Community (%)</b>
CVD Assessment Recorded	120	318	38%
High	63	318	20%
Low	48	318	15%
Moderate	9	318	3%

Note: - The reporting period for most KPIs is 12 months but there are some exceptions. KPI 1.13 reports the previous 6 months and KPIs 1.7, 1.10, 1.14, 1.16 and 1.18 report over the previous 2 years

**Sample Community Aboriginal KPIs Summary**  
**for period 01 July 2024 to 30 June 2025**

<b>AHKPI 1.19 - Retinal screening</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Community (%)</b>
Retinal eye exam	22	354	6%
<b>AHKPI 1.20 - Ear Disease in Children</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Community (%)</b>
Ear discharge at any examination	9	59	15%
Ear discharge at last examination	4	59	7%
Ear Discharge Test Recorded	26	59	43%

# AHKPI 1.1 - Episodes of Health Care and Client Contacts

Sample Community - for period 01 July 2024 to 30 June 2025

## Rationale

Measures the uptake of the service as well as equity in access to health services between health centres within a Health Service Delivery Area.

## Known Data Quality Issues (provided by the system team)

*No specific data anomalies to assist interpretation of this KPI*

## Key Comments (provided by the health service management)

Enablers:

Barriers:

Ideas for Improvement:

Issues questions:

# AHKPI 1.1 - Episodes of Health Care and Client Contacts

Sample Community - for period 01 July 2024 to 30 June 2025

**1.1a Number of health care episodes** **5,482**

Episodes of care shows the number of episodes of care for one person (generally coded in one day as an episodic event) using the health service

**1.1b Number of clients contacts** **7,699**

Client contact shows the workload of the health service staff. For example: in one day a child attends for a health review and is seen by the Aboriginal health worker (one contact) then the GP (one contact). This is one episode of care but two client contacts.

Figure 1.1a Proportion of episodes of health care for Aboriginal clients of the community during the previous 1 year by resident status and sex

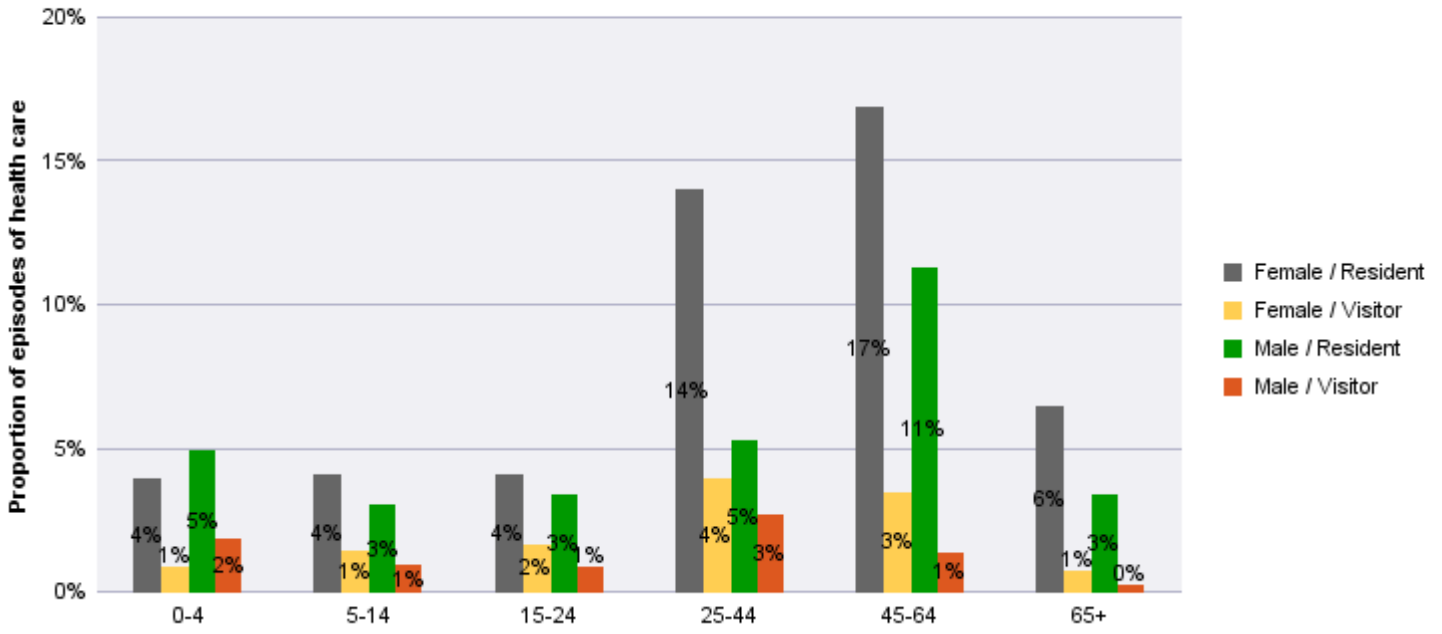
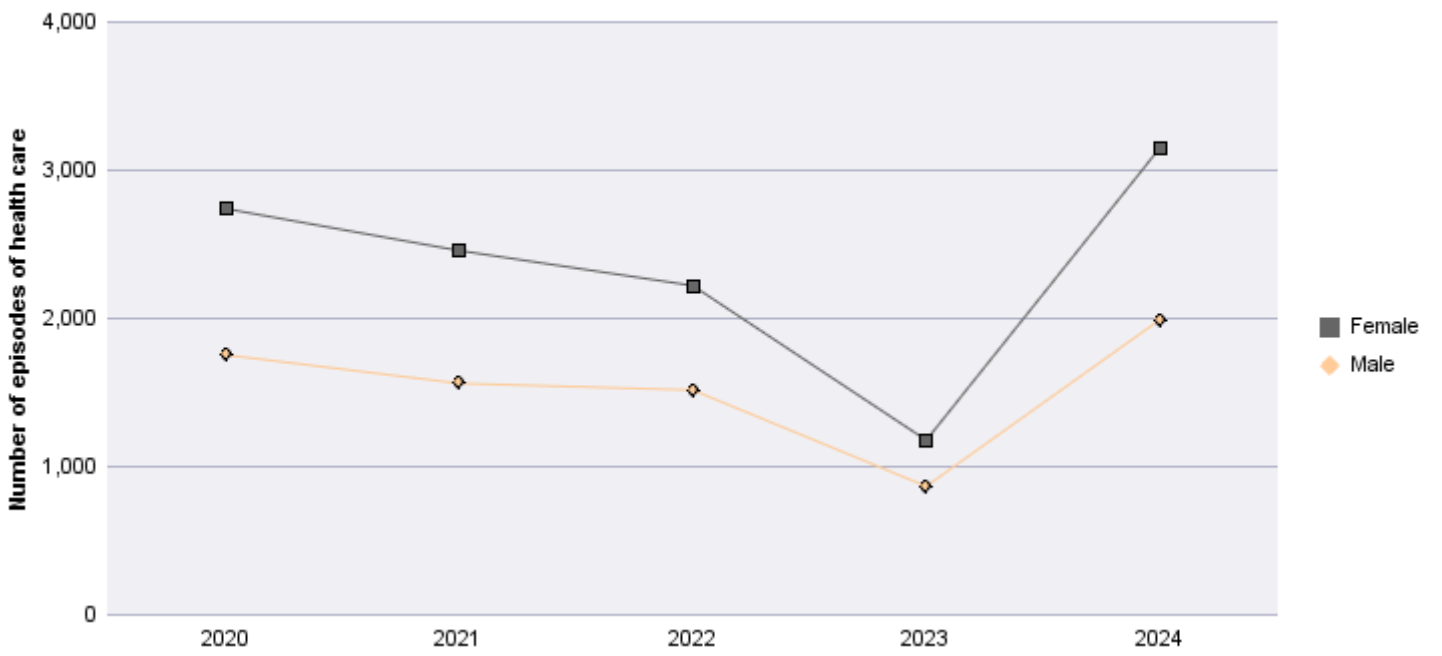


Figure 1.1b Trend of episodes of health care for Aboriginal clients by sex and reporting year

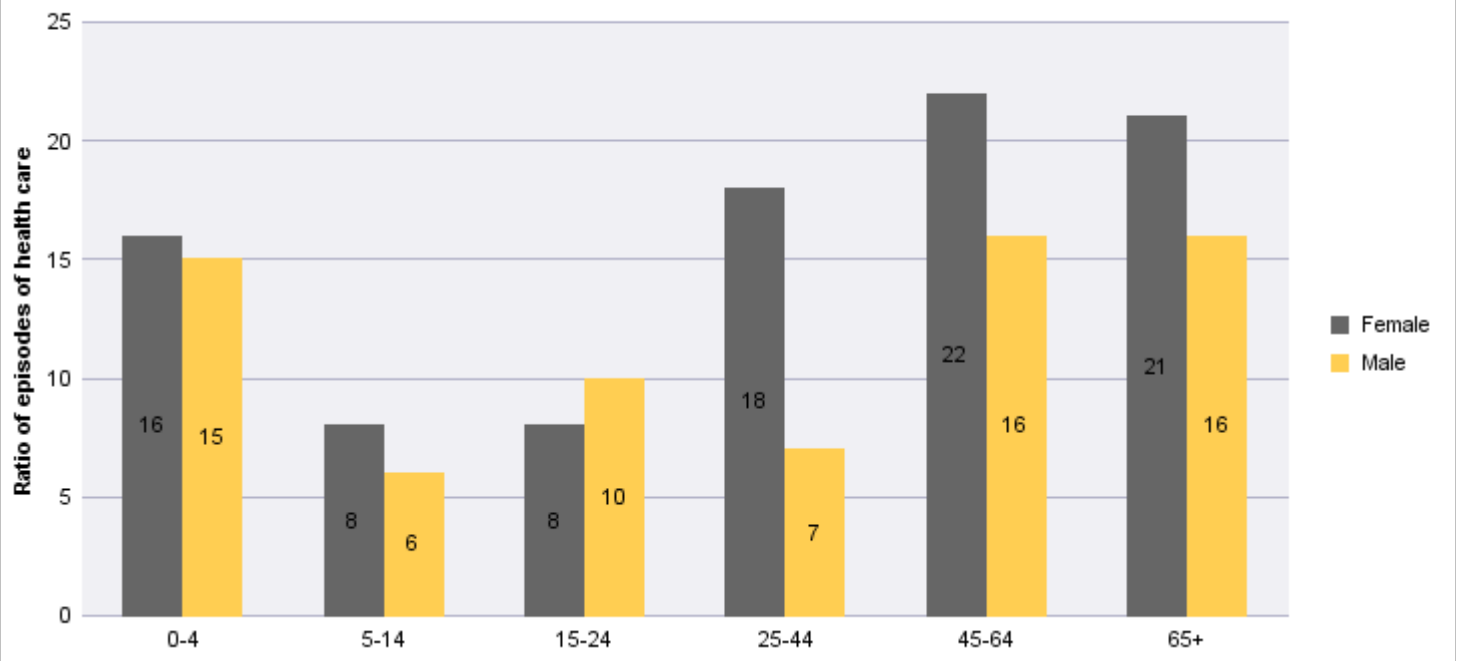


Reporting Year(s)	2020	2021	2022	2023	2024
<b>Female</b>	2,741	2,458	2,222	1,179	<b>3,151</b>
<b>Male</b>	1,754	1,562	1,517	868	<b>1,992</b>

# AHKPI 1.1 - Episodes of Health Care and Client Contacts

Sample Community - for period 01 July 2024 to 30 June 2025

Figure 1.1c Ratio of episodes of health care for resident Aboriginal clients of the community during the previous 1 year by sex



## AHKPI 1.1 Resident population and episodes of health care provided ratio

Aboriginal		Age Group						Total	
		0-4	5-14	15-24	25-44	45-64	65+		
Female	Resident Population	13 5%	25 9%	26 9%	40 14%	40 14%	16 6%	150	53%
	Episode Ratio	16	8	8	18	22	21	17	
Male	Resident Population	17 6%	26 9%	18 6%	39 14%	36 13%	11 4%	137	48%
	Episode Ratio	15	6	10	7	16	16	12	
Total Aboriginal resident population		28 10%	49 17%	42 15%	77 27%	74 26%	25 9%	285	
Total episodes of health care ratio		16	7	9	13	20	20	15	
non-Aboriginal		Age Group						Total	
		0-4	5-14	15-24	25-44	45-64	65+		
Female	Resident Population	0 0%	0 0%	0 0%	12 31%	11 28%	7 18%	26	67%
	Episode Ratio	0	0	0	1	3	9	5	
Male	Resident Population	0 0%	0 0%	0 0%	6 15%	8 21%	5 13%	15	38%
	Episode Ratio	0	0	0	1	6	1	4	
Total non-Aboriginal resident population		1 3%	1 3%	1 3%	16 41%	17 44%	10 26%	39	
Total episodes of health care ratio		0	0	0	1	5	7	4	
ALL clients		Age Group						Total	
		0-4	5-14	15-24	25-44	45-64	65+		
Female	Resident Population	14 4%	25 7%	28 8%	51 15%	55 16%	22 7%	185	55%
	Episode Ratio	15	8	8	14	17	18	15	
Male	Resident Population	17 5%	26 8%	18 5%	44 13%	43 13%	14 4%	152	45%
	Episode Ratio	15	6	10	6	15	13	11	
Total clients resident population		29 9%	49 15%	44 13%	93 28%	96 29%	34 10%	335	
Total episodes of health care ratio		16	7	9	11	16	17	13	

The Episodes ratio is the average number of Episodes of health care provided to resident clients within the reporting period. The percentage shows the breakdown of the resident client population by indigenous status.

# AHKPI 1.1 - Episodes of Health Care and Client Contacts

Sample Community - for period 01 July 2024 to 30 June 2025

NT AHKPI 1.1a Episodes of Health Care															
Aboriginal	Resident of the community						Total	Visitor of the community						Total	Total Episodes
	0-4	5-14	15-24	25-44	45-64	65+		0-4	5-14	15-24	25-44	45-64	65+		
Female	203	208	210	718	867	332	2,538	44	72	84	201	177	35	613	3,151
	4%	4%	4%	13%	16%	6%	46%	1%	1%	2%	4%	3%	1%	11%	57%
Male	250	154	171	268	580	173	1,596	93	45	44	135	69	10	396	1,992
	5%	3%	3%	5%	11%	3%	29%	2%	1%	1%	2%	1%	0%	7%	36%
Total episodes	453	362	381	986	1,447	505	4,134	137	117	128	336	246	45	1,009	5,143
	8%	7%	7%	18%	26%	9%	75%	2%	2%	2%	6%	4%	1%	18%	94%
non-Aboriginal	Resident of the community						Total	Visitor of the community						Total	Total Episodes
Female	0	0	0	17	38	65	120	0	0	1	30	24	5	60	180
	0%	0%	0%	0%	1%	1%	2%	0%	0%	0%	1%	0%	0%	1%	3%
Male	0	0	0	3	44	7	54	0	0	1	5	24	1	31	85
	0%	0%	0%	0%	1%	0%	1%	0%	0%	0%	0%	0%	0%	1%	2%
Total episodes	0	0	0	20	82	72	174	0	0	2	35	48	6	91	265
	0%	0%	0%	0%	1%	1%	3%	0%	0%	0%	1%	1%	0%	2%	5%
unknown status	Resident of the community						Total	Visitor of the community						Total	Total Episodes
Female	10	0	3	1	40	3	57	0	0	0	1	4	0	5	62
	0%	0%	0%	0%	1%	0%	1%	0%	0%	0%	0%	0%	0%	0%	1%
Male	0	0	0	5	2	0	7	0	1	0	1	3	0	5	12
	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Total episodes	10	0	3	6	42	3	64	0	1	0	2	7	0	10	74
	0%	0%	0%	0%	1%	0%	1%	0%	0%	0%	0%	0%	0%	0%	1%
Total ALL	Resident of the community						Total	Visitor of the community						Total	Total Episodes
Female	213	208	213	736	945	400	2,715	44	72	85	232	205	40	678	3,393
	4%	4%	4%	13%	17%	7%	50%	1%	1%	2%	4%	4%	1%	12%	62%
Male	250	154	171	276	626	180	1,657	93	46	45	141	96	11	432	2,089
	5%	3%	3%	5%	11%	3%	30%	2%	1%	1%	3%	2%	0%	8%	38%
Total episodes	463	362	384	1,012	1,571	580	4,372	137	118	130	373	301	51	1,110	5,482
	8%	7%	7%	18%	29%	11%	80%	2%	2%	2%	7%	5%	1%	20%	100%

# AHKPI 1.2.1 - First Antenatal Visit

Sample Community - for period 01 July 2024 to 30 June 2025

## Rationale

The aim of antenatal care is to maximise the health outcomes of the mother and the baby. It aims to identify and manage risk factors or complications early, and to monitor progress with information and support during pregnancy.

## Known Data Quality Issues (provided by the system team)

This KPI data are extracted from the Midwives dataset. Data may also be incomplete due to data entry backlog and alias location issues recording in Midwives. From 2012 CY report, mother demographic information will be taken from the PCIS system and matched to Midwives dataset via the client HRN. Please note when considering the trend data this change may account for a small variation in client numbers between reporting periods.

## Key Comments (provided by the health service management)

Enablers:

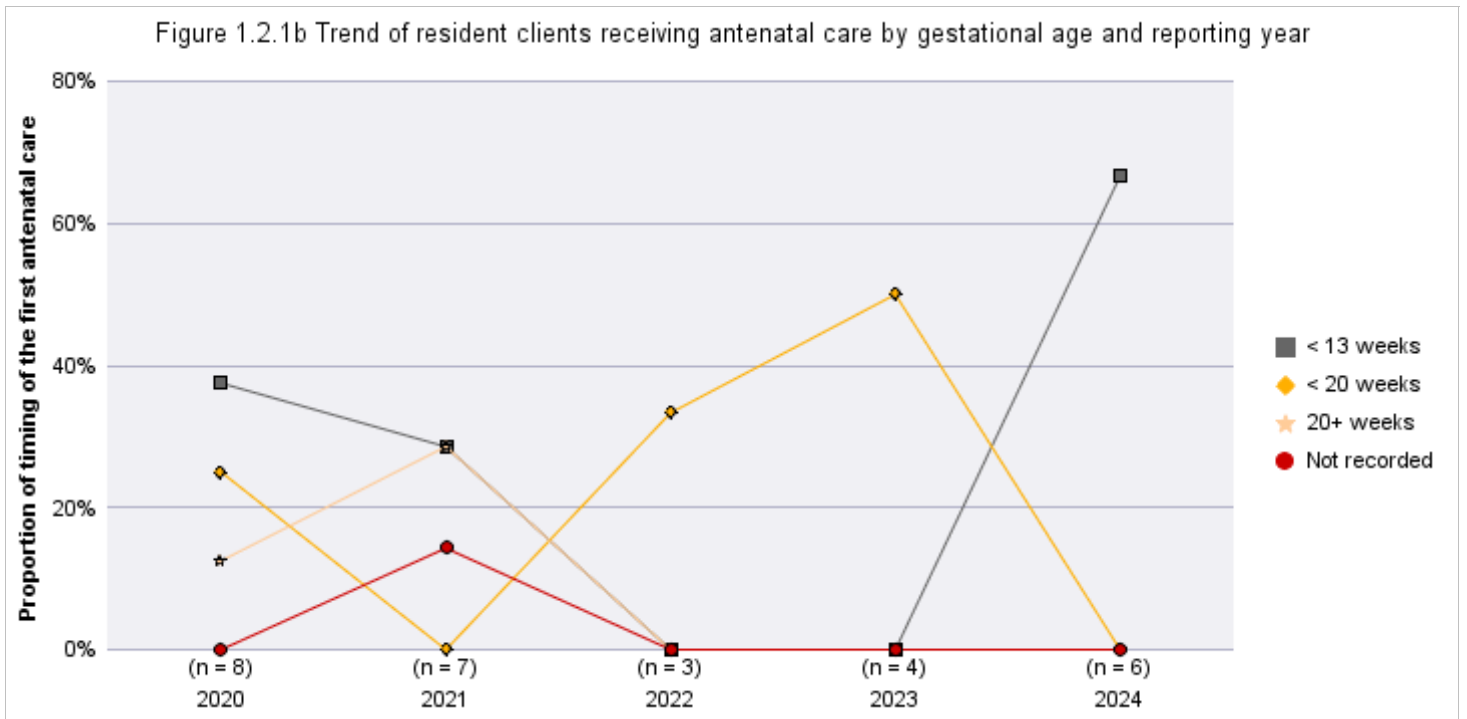
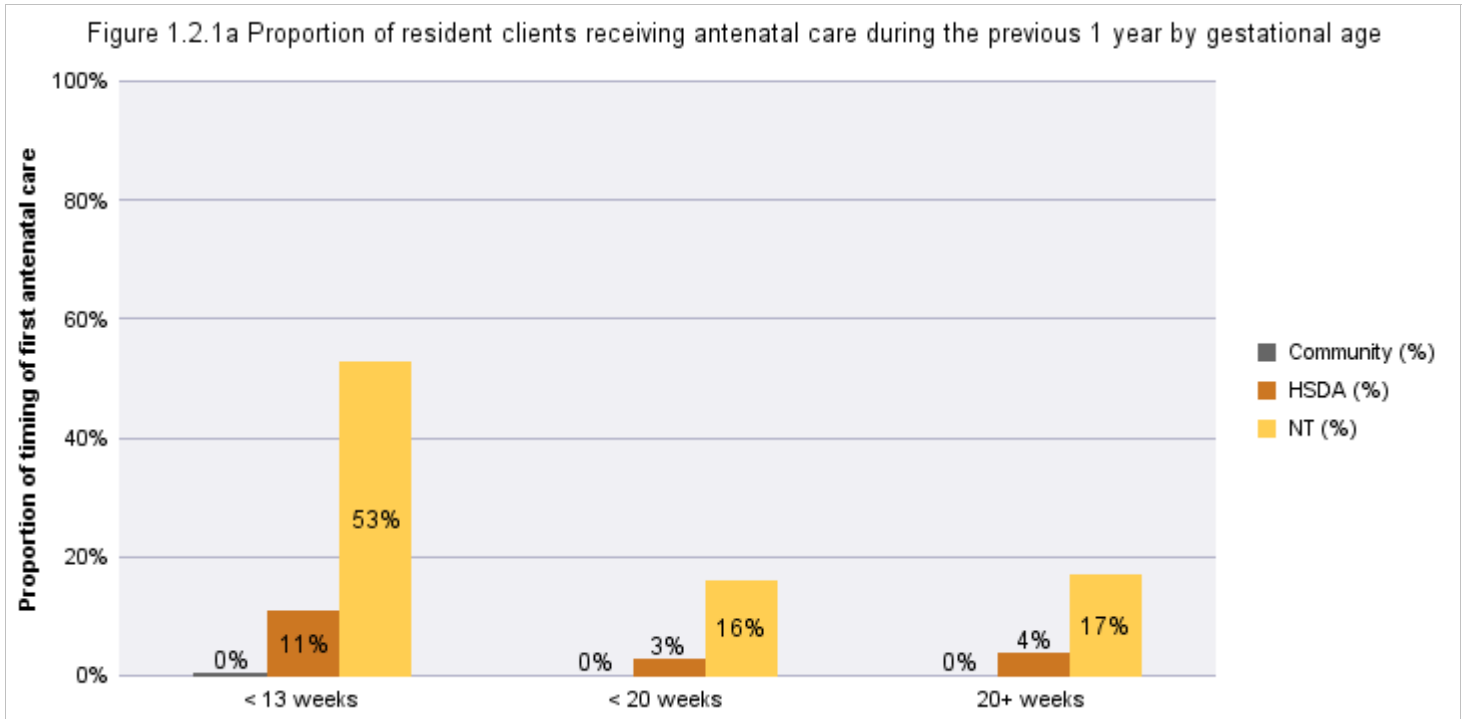
Barriers:

Ideas for Improvement:

Issues questions:

## AHKPI 1.2.1 - First Antenatal Visit

Sample Community - for period 01 July 2024 to 30 June 2025



The above trend graph displays resident clients who gave birth to Indigenous babies during each reporting year and received antenatal care prior to 20 weeks gestation, or are not recorded as receiving any antenatal care, for the current and previous reporting years.

Reporting Year(s)	2020	2021	2022	2023	2024
<b>Population (Denominator)</b>	<b>8</b>	<b>7</b>	<b>3</b>	<b>4</b>	<b>6</b>
<b>&lt; 13 weeks</b>	38%	29%	0%	0%	<b>67%</b>
<b>&lt; 20 weeks</b>	25%	0%	33%	50%	0%
<b>20+ weeks</b>	13%	29%	0%	0%	0%
<b>Not recorded</b>	0%	14%	0%	0%	0%

*n = Population (denominator) is the number of resident women who gave birth to Indigenous babies during the reporting period.*

## AHKPI 1.2.1 - First Antenatal Visit

Sample Community - for period 01 July 2024 to 30 June 2025

AHKPI 1.2.1 Timing of first antenatal visit for regular clients delivering Aboriginal babies				
Aboriginal mothers	Age of Mother			Total
	0-19	20-34	35+	
Number of first antenatal visit < 13 weeks	0	3	1	4
% of first antenatal visit < 13 weeks	0%	0%	1%	0%
Number of first antenatal visit < 20 weeks	0	0	0	0
% of first antenatal visit < 20 weeks	0%	0%	0%	0%
Number of first antenatal visit 20+ weeks	0	0	0	0
% of first antenatal visit 20+ weeks	0%	0%	0%	0%
Number of Aboriginal mothers attending 1st antenatal visit	0	3	1	4
% attending at first antenatal visit	0%	0%	1%	0%
Number of Aboriginal mothers	155	789	97	1,038
non-Aboriginal mothers	Age of Mother			Total
	0-19	20-34	35+	
Number of first antenatal visit < 13 weeks	0	0	0	0
% of first antenatal visit < 13 weeks	0%	0%	0%	0%
Number of first antenatal visit < 20 weeks	0	0	0	0
% of first antenatal visit < 20 weeks	0%	0%	0%	0%
Number of first antenatal visit 20+ weeks	0	0	0	0
% of first antenatal visit 20+ weeks	0%	0%	0%	0%
Number of non-Aboriginal mothers attending 1st antenatal visit	0	0	0	0
% attending at first antenatal visit	0%	0%	0%	0%
Number of non-Aboriginal mothers	2	10	4	15
TOTAL ALL	Age of Mother			Total
	0-19	20-34	35+	
Total recorded as attending 1st antenatal visit	0	3	1	4
% attending at first antenatal visit	0%	0%	1%	0%
Number of ALL mothers	156	798	100	1,051

# AHKPI 1.2.2 - Anaemia in Pregnancy

Sample Community - for period 01 July 2024 to 30 June 2025

## Rationale

Haemoglobin levels are an indicator of the oxygen carrying capacity of the blood and are one indicator of nutritional status. Haemoglobin is included in a full blood examination (FBE) which is part of routine antenatal blood tests taken at first antenatal visit, 28 weeks and 36 weeks of the pregnancy. Point of care testing is not recommended during pregnancy.

## Known Data Quality Issues (provided by the system team)

This KPI data are extracted from the Midwives dataset. Data may also be incomplete due to data entry backlog and alias location issues recording in Midwives. Mother demographic information will be taken from the PCIS system and matched to Midwives dataset via the client HRN.

## Key Comments (provided by the health service management)

Enablers:

Barriers:

Ideas for Improvement:

Issues questions:

## AHKPI 1.2.2 - Anaemia in Pregnancy

Sample Community - for period 01 July 2024 to 30 June 2025

Figure 1.2.2a Proportion of clients measured for Anaemia during pregnancy and were anaemic at any or last examination

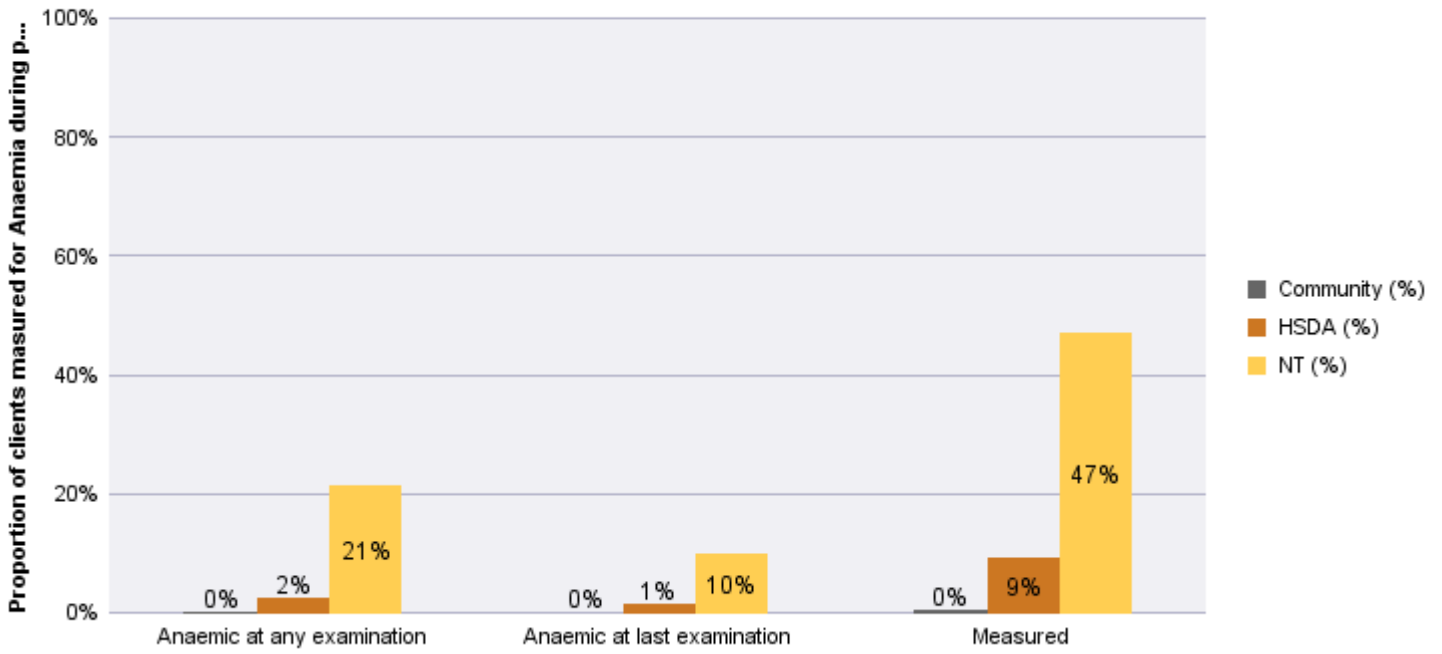
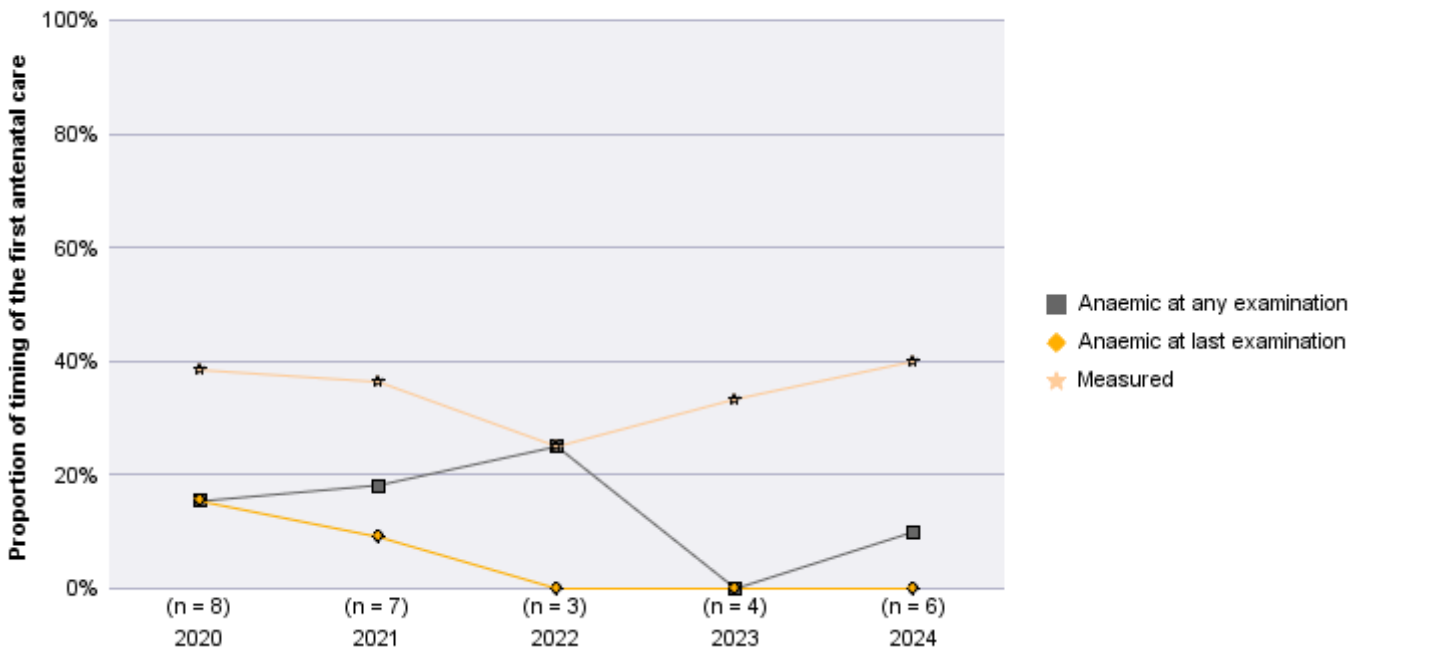


Figure 1.2.2b Trend of clients measured for Anaemia during pregnancy and were anaemic at any or last examination



Reporting Year(s)	2020	2021	2022	2023	2024
<b>Population (Denominator)</b>	<b>8</b>	<b>7</b>	<b>3</b>	<b>4</b>	<b>6</b>
Clients who were anaemic at their last test during pregnancy	15%	9%	0%	0%	0%
Clients who were anaemic at any test during pregnancy	15%	18%	25%	0%	10%
Clients who gave birth to Indigenous babies and measured for Anaemia	38%	36%	25%	33%	40%

*n* = Population (denominator) is the number of resident women who gave birth to Indigenous babies during the reporting period. From 2020/21 measurement calculation changes for haemoglobin (Hb <110g/L at <20 weeks gestation or Hb<105g/L at >=20 weeks gestation).

## AHKPI 1.2.2 - Anaemia in Pregnancy

Sample Community - for period 01 July 2024 to 30 June 2025

AHKPI 1.2.2 The number and proportion of regular clients who were anaemic during pregnancy				
Aboriginal mothers	Age of Mother			Total
	0-19	20-34	35+	
Number of Clients who gave birth to Indigenous babies and measured for Anaemia	0	3	1	4
% of Clients who gave birth to Indigenous babies and measured for Anaemia	0%	0%	1%	0%
Number of Clients who were anaemic at any test during pregnancy	0	1	0	1
% of Clients who were anaemic at any test during pregnancy	0%	0%	0%	0%
Number of Clients who were anaemic at their last test during pregnancy	0	0	0	0
% of Clients who were anaemic at their last test during pregnancy	0%	0%	0%	0%
<b>Number of Aboriginal clients delivering Aboriginal babies</b>	<b>155</b>	<b>790</b>	<b>97</b>	<b>1,039</b>
non-Aboriginal mothers	Age of Mother			Total
	0-19	20-34	35+	
Number of Clients who gave birth to Indigenous babies and measured for Anaemia	0	0	0	0
% of Clients who gave birth to Indigenous babies and measured for Anaemia	0%	0%	0%	0%
Number of Clients who were anaemic at any test during pregnancy	0	0	0	0
% of Clients who were anaemic at any test during pregnancy	0%	0%	0%	0%
Number of Clients who were anaemic at their last test during pregnancy	0	0	0	0
% of Clients who were anaemic at their last test during pregnancy	0%	0%	0%	0%
<b>Number of non-Aboriginal clients delivering Aboriginal babies</b>	<b>2</b>	<b>10</b>	<b>4</b>	<b>14</b>
TOTAL ALL	Age of Mother			Total
	0-19	20-34	35+	
Number of Clients who gave birth to Indigenous babies and measured for Anaemia	0	3	1	4
% of Clients who gave birth to Indigenous babies and measured for Anaemia	0%	0%	1%	0%
Number of Clients who were anaemic at any test during pregnancy	0	1	0	1
% of Clients who were anaemic at any test during pregnancy	0%	0%	0%	0%
Number of Clients who were anaemic at their last test during pregnancy	0	0	0	0
% of Clients who were anaemic at their last test during pregnancy	0%	0%	0%	0%
<b>Number of clients delivering Aboriginal babies</b>	<b>156</b>	<b>799</b>	<b>100</b>	<b>1,052</b>

# AHKPI 1.3 - Birth Weight

Sample Community - for period 01 July 2024 to 30 June 2025

## Rationale

The birth weight of an infant is a principle determinant of their chances of survival and good health. Low birth weight is a risk factor for neurological and physical anomalies, the risk of adverse outcomes increasing with decreasing birth weight. Low birth weight may be an indicator of inadequate foetal growth, resulting from pre-term birth or foetal growth restriction or both. Low birth weight is one of the major determinants of perinatal mortality. Infants weighing less than 2,500 grams are almost 40 times more likely to die within the first 28 days than of infants of normal birth weight. (Reproductive Health Indicators Australia 2002)

In the Northern Territory, the proportion of low birthweight liveborn babies born to Aboriginal mothers was more than twice that of non-Aboriginal mothers 14% and 6% respectively (Mothers and Babies 2019, NT Midwives Collection, NT Health 2021)

## Known Data Quality Issues (provided by the system team)

This KPI data are extracted from the Midwives dataset. Data may also be incomplete due to data entry backlog and alias location issues recording in Midwives. Please note when considering this chart that there are limitations to the data collected for this KPI, it is possible that there is a group of babies missing from this indicator who have Aboriginal fathers and non Aboriginal mothers. From 2012 CY report, mother demographic information will be taken from the PCIS system and matched to Midwives dataset via the client HRN. Please note when considering the trend data this change may account for a small variation in client numbers between reporting periods.

## Key Comments (provided by the health service management)

Enablers:

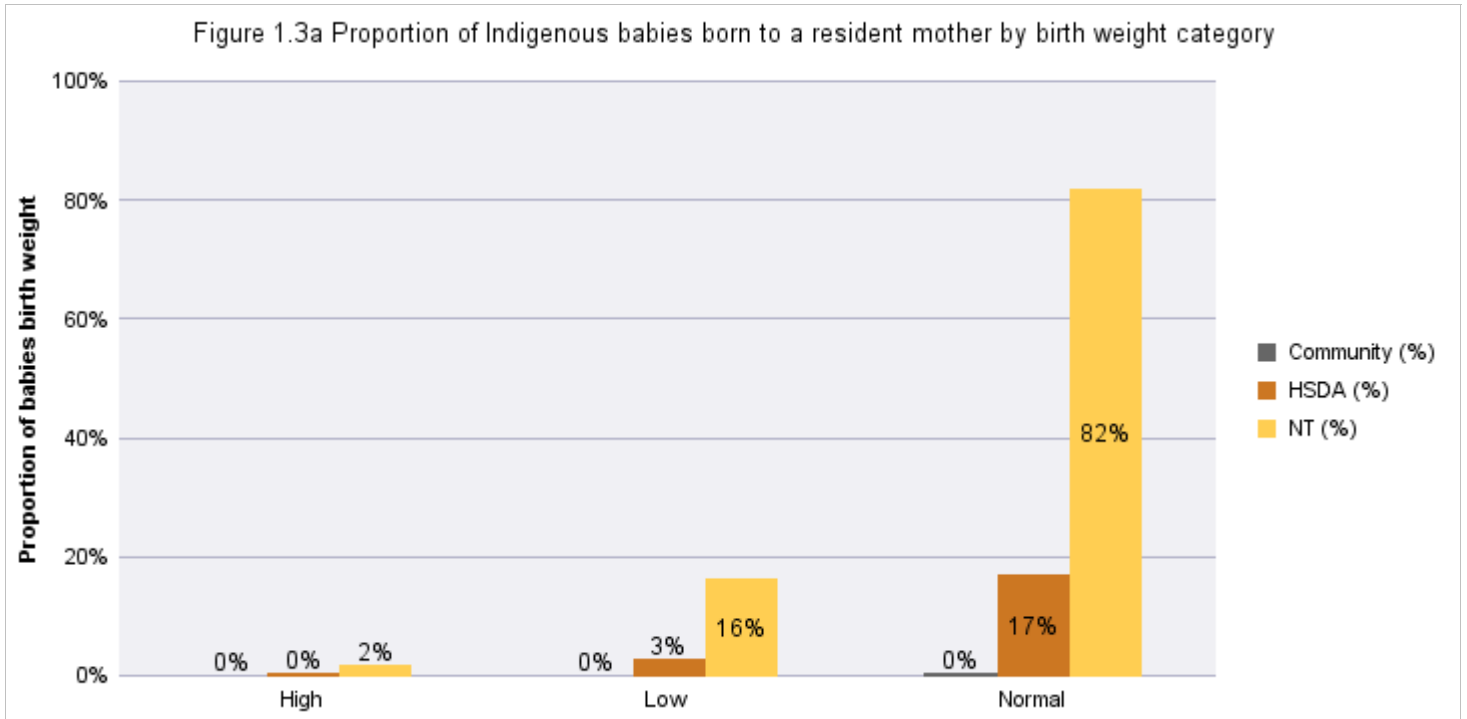
Barriers:

Ideas for Improvement:

Issues questions:

## AHKPI 1.3 - Birth Weight

Sample Community - for period 01 July 2024 to 30 June 2025



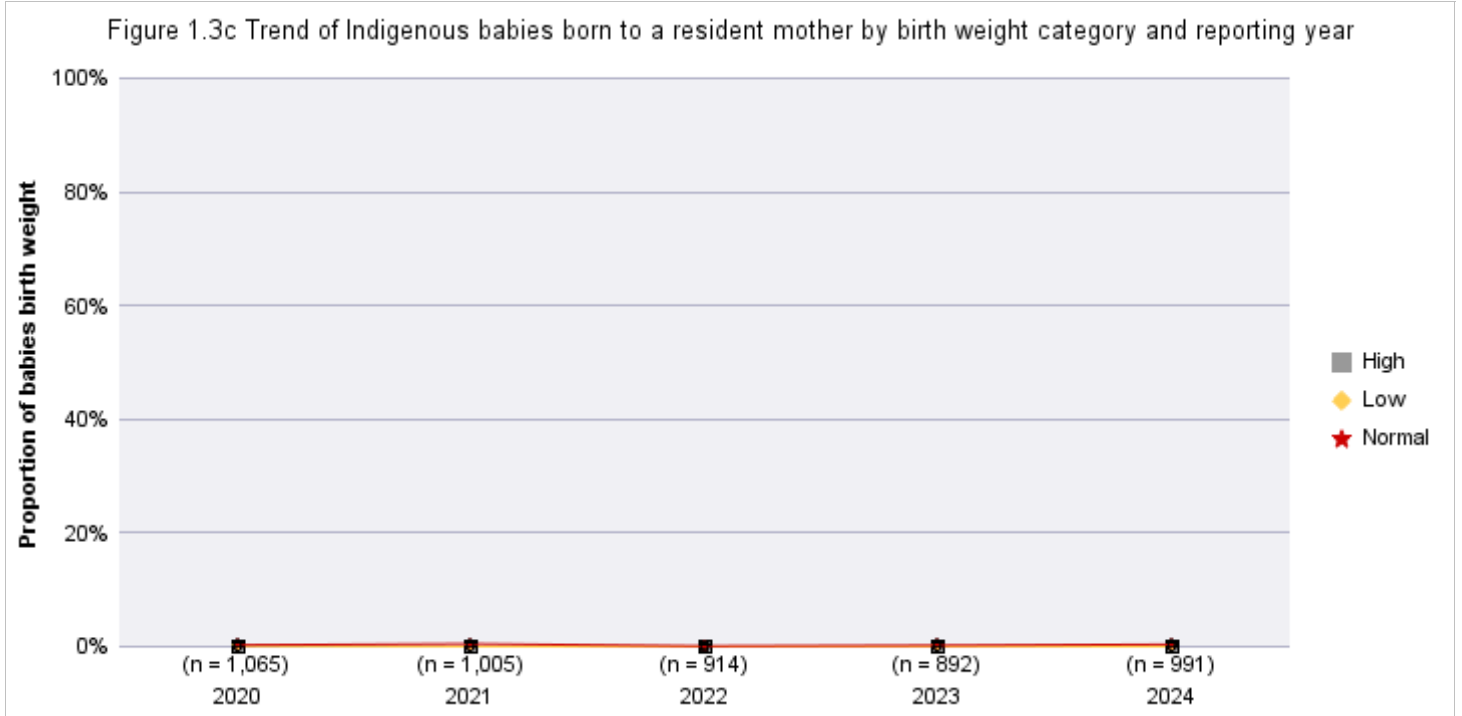
Population (denominator) is the number of Indigenous babies born to a resident mother who were live born during the current reporting period.

The proportion of babies who were Low Birth Weight in the latest AIHW Australian's mother and babies report (2020) was 6.5% whilst the proportion of babies of Aboriginal mothers nationally who were Low Birth Weight was 12.0%

Reference: Australia's mothers and babies 2020 AIHW.

## AHKPI 1.3 - Birth Weight

Sample Community - for period 01 July 2024 to 30 June 2025



Reporting Year(s)	2020	2021	2022	2023	2024
Population (Denominator)	7	7	3	4	6
High	14%	0%	0%	0%	0%
Low	14%	0%	0%	0%	0%
Normal	43%	71%	33%	50%	67%

*n = Population (denominator) is the number of Indigenous babies born to a resident mother who were live born during the current reporting period.*

### AHKPI 1.3 Number and proportion of low, normal and high birth weight babies

Babies born to Aboriginal mother	Age of Mother			Total (%)
	0-19	20-34	35+	
Number of babies with birth weight - High	0	0	0	0
% of babies with birth weight - High	0%	0%	0%	0%
Number of babies with birth weight - Low	0	0	0	0
% of babies with birth weight - Low	0%	0%	0%	0%
Number of babies with birth weight - Normal	0	3	1	4
% of babies with birth weight - Normal	0%	0%	1%	0%
<b>Number of babies born to Aboriginal mother</b>	<b>144</b>	<b>751</b>	<b>86</b>	<b>978</b>
Babies born to non-Aboriginal mother	Age of Mother			Total (%)
	0-19	20-34	35+	
Number of babies with birth weight - High	0	0	0	0
% of babies with birth weight - High	0%	0%	0%	0%
Number of babies with birth weight - Low	0	0	0	0
% of babies with birth weight - Low	0%	0%	0%	0%
Number of babies with birth weight - Normal	0	0	0	0
% of babies with birth weight - Normal	0%	0%	0%	0%
<b>Number of babies born to non-Aboriginal mother</b>	<b>2</b>	<b>10</b>	<b>4</b>	<b>15</b>
ALL babies	Age of Mother			Total (%)
	0-19	20-34	35+	
<b>Total number of babies</b>	<b>145</b>	<b>760</b>	<b>89</b>	<b>991</b>

# AHKPI 1.4.1 - Fully Immunised Children

Sample Community - for period 01 July 2024 to 30 June 2025

## Rationale

Immunisation is a highly cost effective intervention in reducing morbidity and mortality rates in vaccine preventable diseases. Health system effectiveness in providing vaccination services can be measured by vaccination coverage at key milestones (12 and 24 months of age).

(Source: National Health Performance Committee (NHPC) (2002), National Report on Health Sector Performance Indicators 2001, Queensland Health, Brisbane.)

## Known Data Quality Issues ( provided by the system team)

From Calendar Year 2013 report, this KPI data is extracted from the PCIS system. This is to correctly reflect the child immunisations as recorded in PCIS. This data is no longer collected from the Immunisations database. Please note when considering the trend data this change may account for a small variation in client numbers between reporting periods.

## Key Comments (provided by the health service management)

Enablers:

Barriers:

Ideas for Improvement:

Issues questions:

## AHKPI 1.4.1 - Fully Immunised Children

Sample Community - for period 01 July 2024 to 30 June 2025

Figure 1.4.1a Proportion of resident Aboriginal children 6 to 71 months of age recorded as fully immunised during reporting period by age group

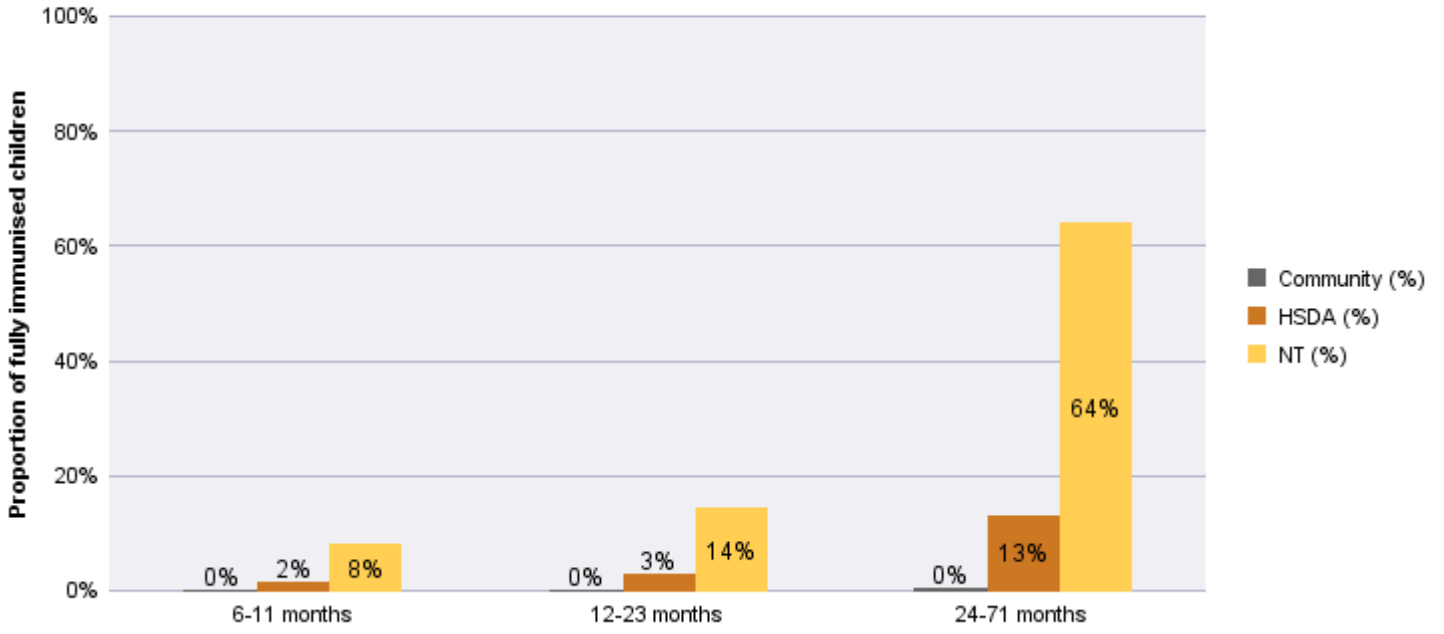
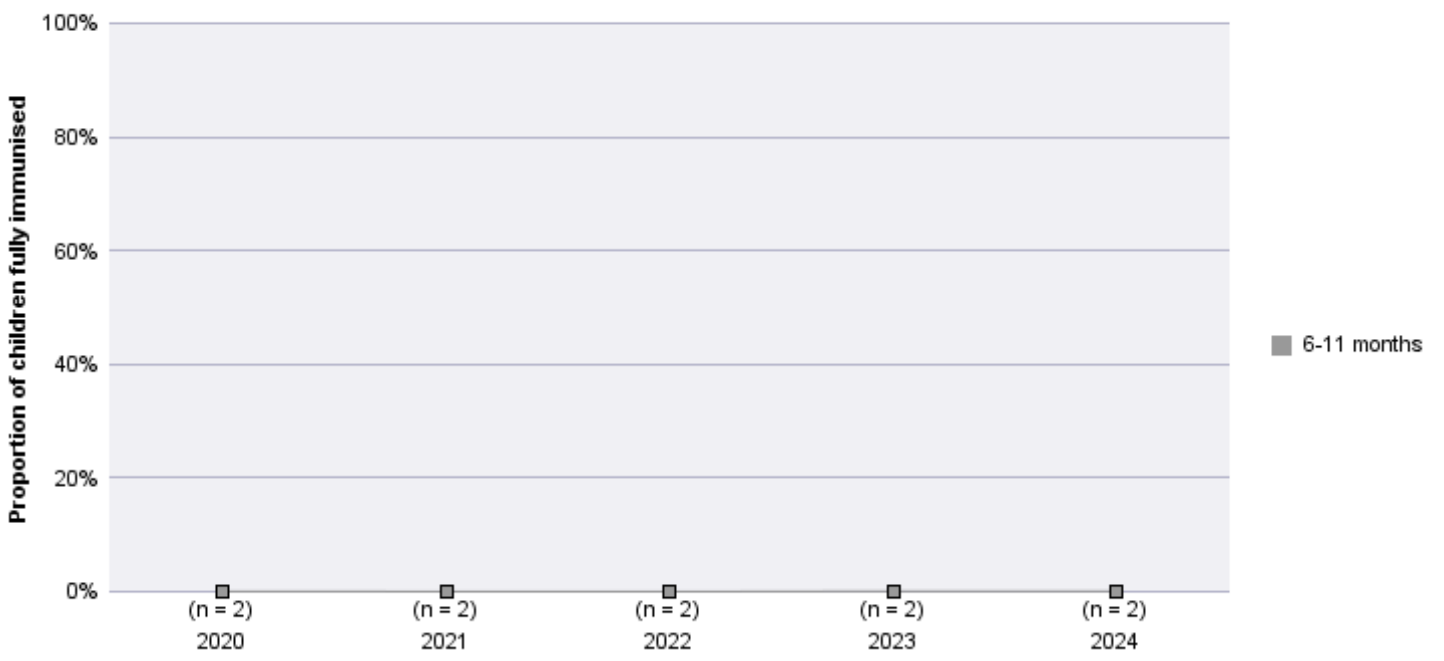


Figure 1.4.1b Trend of resident Aboriginal children 6 to 11 months of age fully immunised by reporting year

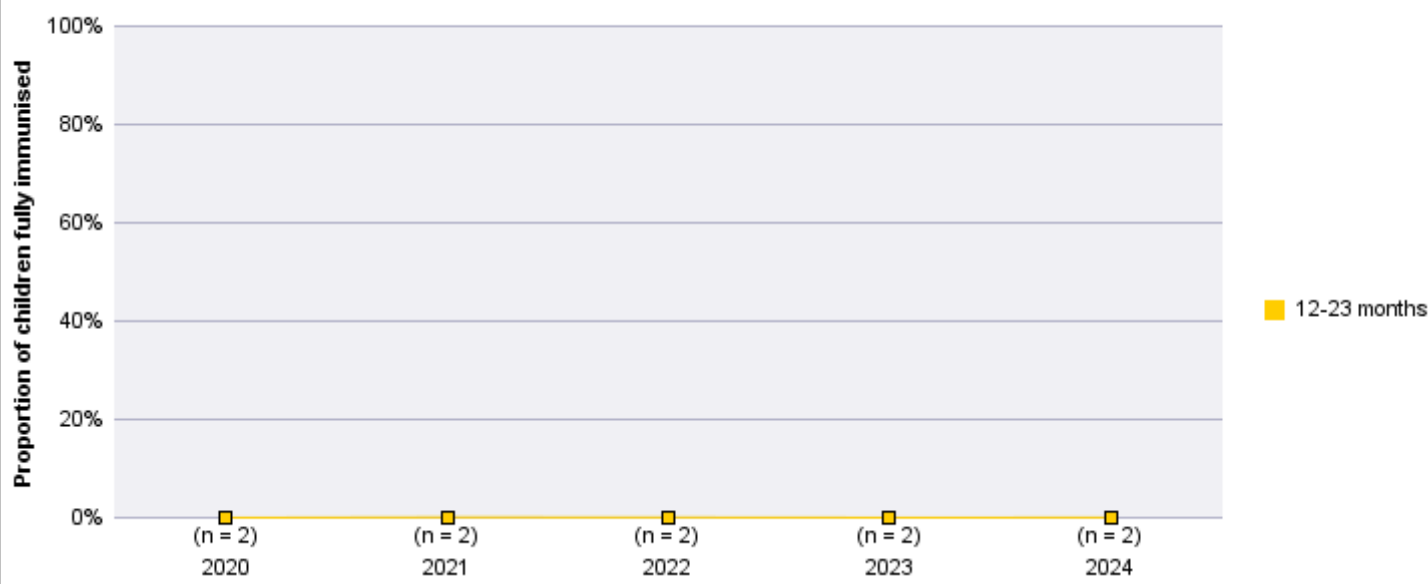


Reporting Year(s)	2020	2021	2022	2023	2024
Population (Denominator)	618	674	610	591	606
Fully immunised children at age : 6-11 months	0%	0%	0%	0%	0%

*n = Population (denominator) is the number of resident Aboriginal children aged between 6 months to 11 months.*

Sample Community - for period 01 July 2024 to 30 June 2025

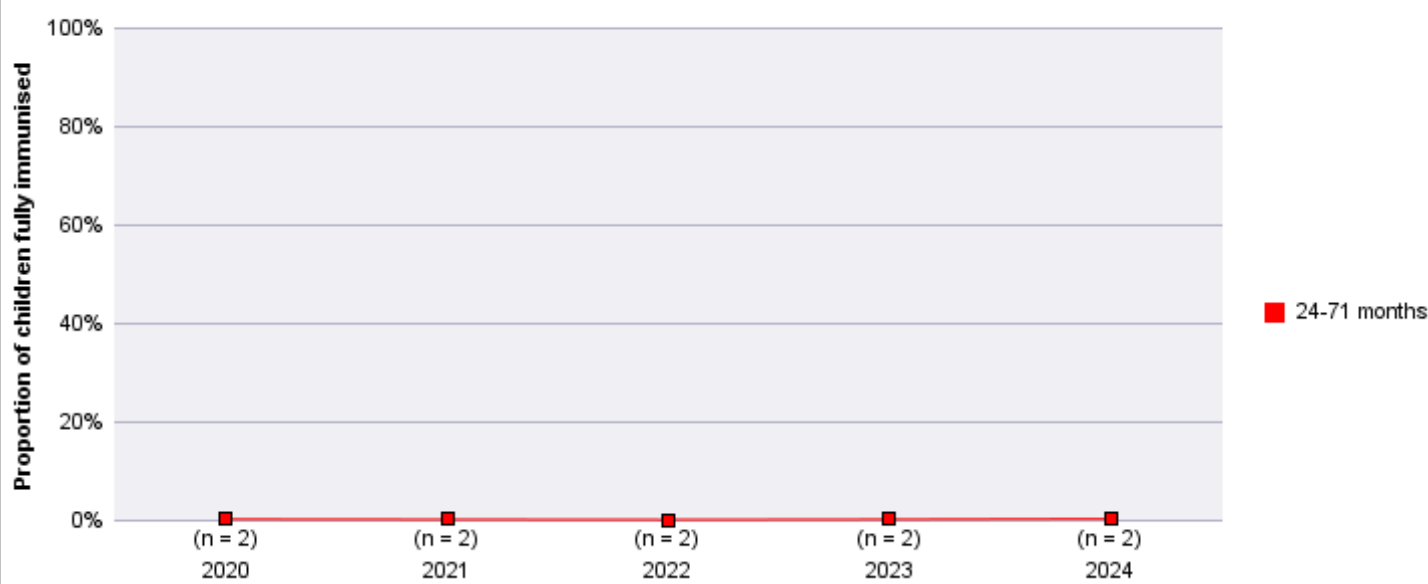
Figure 1.4.1c Trend of resident Aboriginal children 12 to 23 months of age fully immunised by reporting year



Reporting Year(s)	2020	2021	2022	2023	2024
Population (Denominator)	3	10	7	4	5
Fully immunised children at age : 12-23 months	4%	23%	24%	6%	9%

*n = Population (denominator) is the number of resident Aboriginal children aged 12-23 months.*

Figure 1.4.1d Trend of resident Aboriginal children 24 to 71 months of age fully immunised by reporting year



Reporting Year(s)	2020	2021	2022	2023	2024
Population (Denominator)	22	20	15	26	26
Fully immunised children at age : 24-71 months	68%	52%	62%	52%	68%

*n = Population (denominator) is the number of resident Aboriginal children aged 24-71 months.*

AHKPI 1.4.1.1 Number and proportion of Aboriginal children fully immunised at 1, 2 and 6 years of age				
Aboriginal children	Age of Children			TOTAL
	6-11 months	12-23 months	24-71 months	
Fully immunised children	5	3	23	31
% fully immunised children	0%	0%	0%	517%
Number of resident Aboriginal children	6,667	6,667	6,667	6

## AHKPI 1.4.2 - Timeliness of Immunisations

Sample Community - for period 01 July 2024 to 30 June 2025

### Rationale

This indicator will assess immunisation timeliness in children due immunisations at 4 months and 12 months using a more stringent definition of fully immunised than the existing NTAHF immunisation indicator. This indicator will thus provide additional information which will assist with improving immunisation timeliness in younger children who are at high risk of adverse outcomes from vaccine preventable diseases.

### Known Data Quality Issues (provided by the system team)

From financial year 2020/21 report, KPI 1.4.2 is a new KPI with a new definition and refers to the new 2.7 version of the definition manual available on the NT AHKPI website (<https://health.nt.gov.au/professionals/aboriginal-health-key-performance-indicator>). Prior to this reporting period, the data is no longer collected for the old definition of the same numbering. Please note when considering the trend data this change has started from the referenced financial year above.

### Key Comments (provided by the health service management)

Enablers:

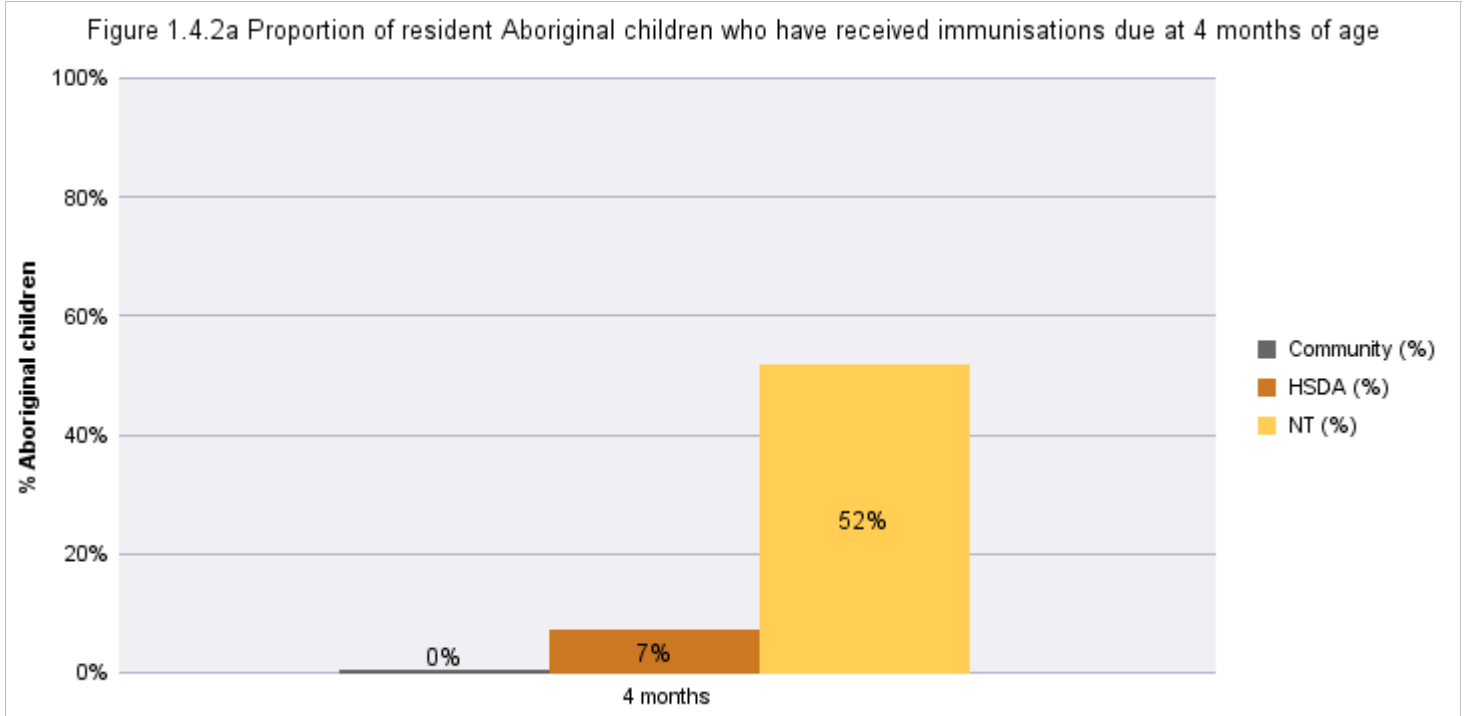
Barriers:

Ideas for Improvement:

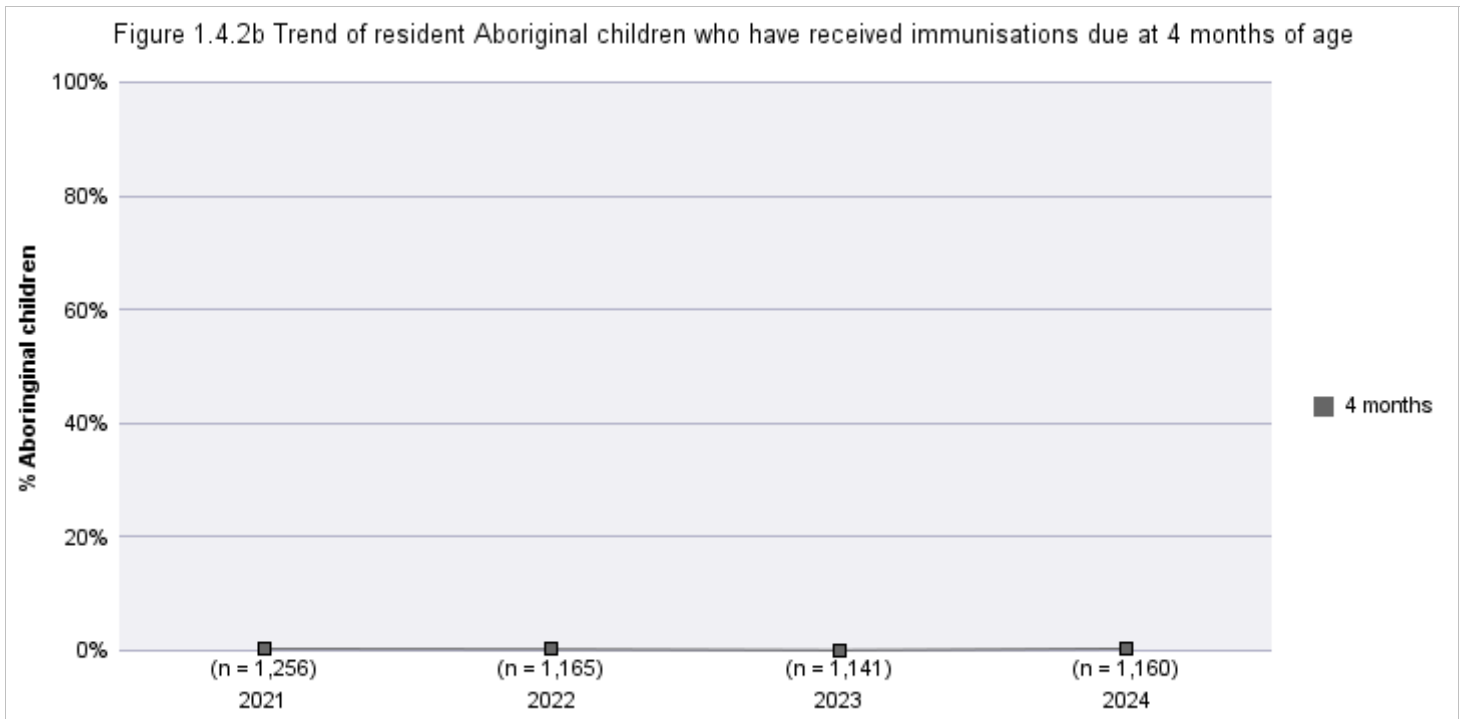
Issues questions:

## AHKPI 1.4.2 - Timeliness of Immunisations

Sample Community - for period 01 July 2024 to 30 June 2025



*n* = Population (denominator) is the number of resident Aboriginal children aged 4 months.



Reporting Year(s)	2021	2022	2023	2024
Population (Denominator)	8	6	8	7
Children received immunisations due at 4 months	50%	50%	13%	57%

### AHKPI 1.4.2 Proportion of children who have received immunisations due at 4 months within 30 days of when they were due

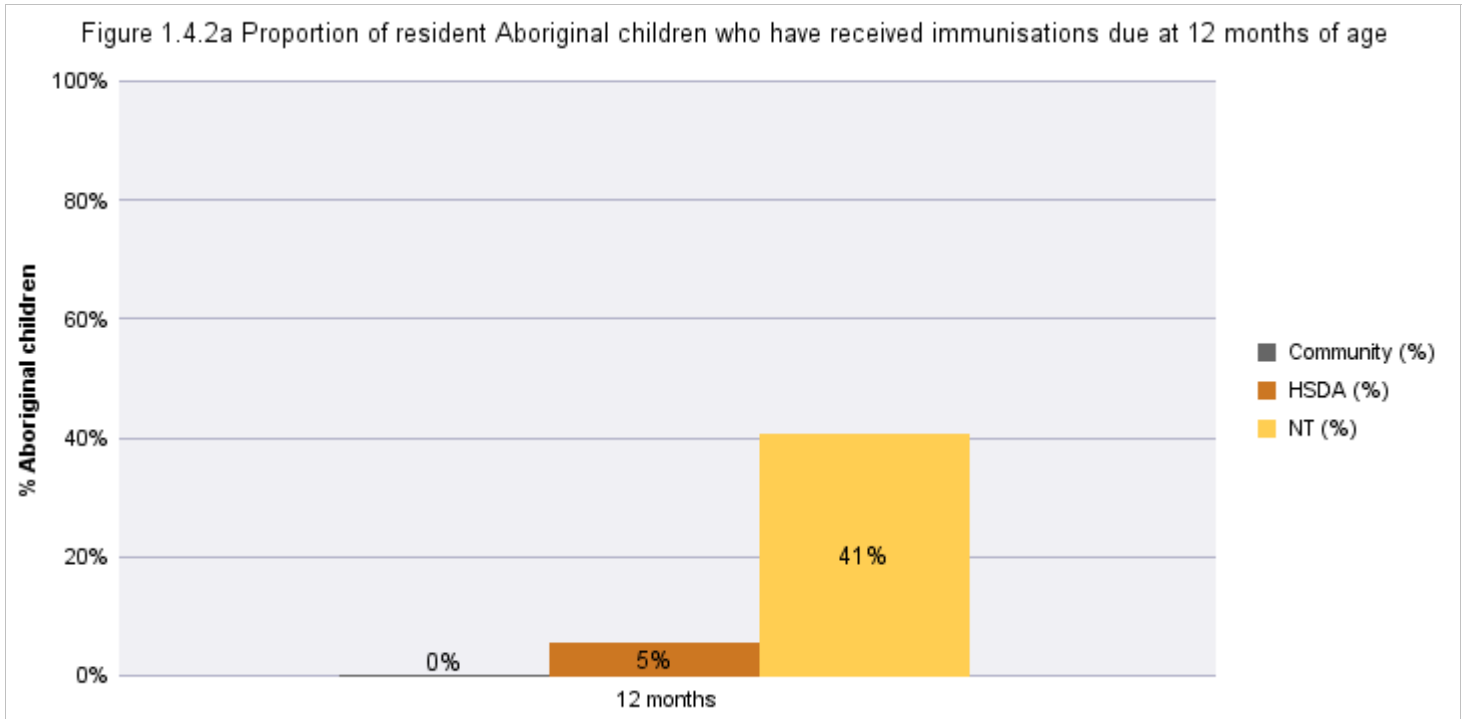
Aboriginal children	4 months
Immunised on time	4
% Immunised on time children	57%
Number of resident Aboriginal children	5

*n* = Population (denominator) is the number of resident Aboriginal children 4 months of age. From 2020/21, KPI 1.4.2 immunisation timeliness measurement changed to 4 months and 12 months age group and received within 30 days of when they are due.

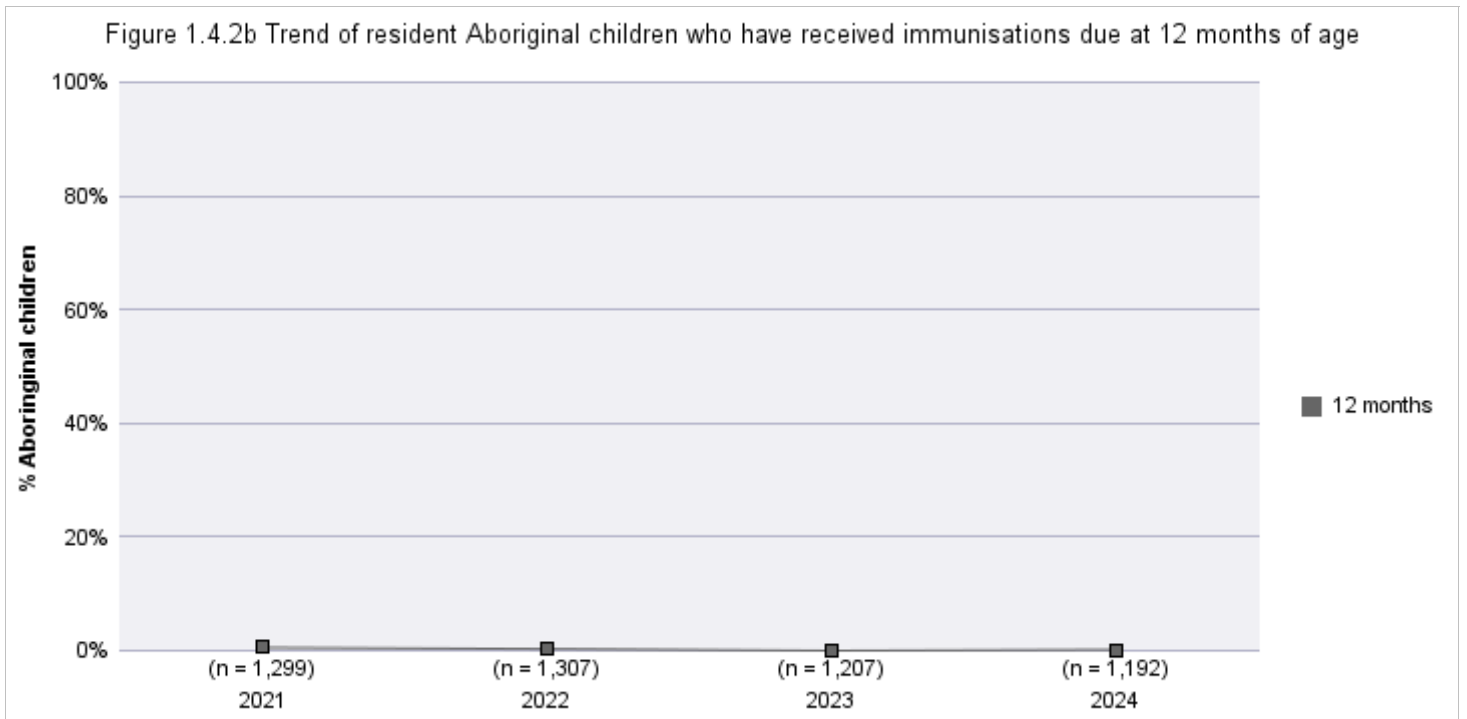
Note: NTG PCIS clinics please be advised that there has been an improvement to the calculation for KPIs 1.4.2 & 1.4.3 FY2020/21 numbers. There are still underlying issues with the data quality and system limitation.

## AHKPI 1.4.2 - Timeliness of Immunisations

Sample Community - for period 01 July 2024 to 30 June 2025



*n* = Population (denominator) is the number of resident Aboriginal children aged 12 months.



Reporting Year(s)	2021	2022	2023	2024
Population (Denominator)	11	6	5	5
Children received immunisations due at 12 months	64%	67%	0%	40%

### AHKPI 1.4.2 Proportion of children who have received immunisations due at 12 months within 30 days of when they were due

Aboriginal children	12 months
Immunised on time	2
% Immunised on time children	40%
Number of resident Aboriginal children	3

*n* = Population (denominator) is the number of resident Aboriginal children 12 months of age. From 2020/21, KPI 1.4.2 immunisation timeliness measurement changed to 4 months and 12 months age group and received within 30 days of when they are due.

Note: NTG PCIS clinics please be advised that there has been an improvement to the calculation for KPIs 1.4.2 & 1.4.3 FY2020/21 numbers. There are still underlying issues with the data quality and system limitation.

# AHKPI 1.4.3 - Timeliness of Immunisations

Sample Community - for period 01 July 2024 to 30 June 2025

## Rationale

This indicator will assess immunisation timeliness in children aged 18 months and 4 years using a more stringent definition of fully immunised than the existing NTAHF immunisation indicator. This indicator will thus provide additional information which will assist with improving immunisation timeliness in children who are at high risk of adverse outcomes from vaccine preventable diseases.

## Known Data Quality Issues (provided by the system team)

From financial year 2020/21 report, KPI 1.4.3 is a new KPI with a new definition and refers to the new 2.7 version of the definition manual available on the NT AHKPI website (<https://health.nt.gov.au/professionals/aboriginal-health-key-performance-indicator>). Prior to this reporting period, the data is no longer collected for the old definition of the same numbering. Please note when considering the trend data this change has started from the referenced financial year above.

## Key Comments (provided by the health service management)

Enablers:

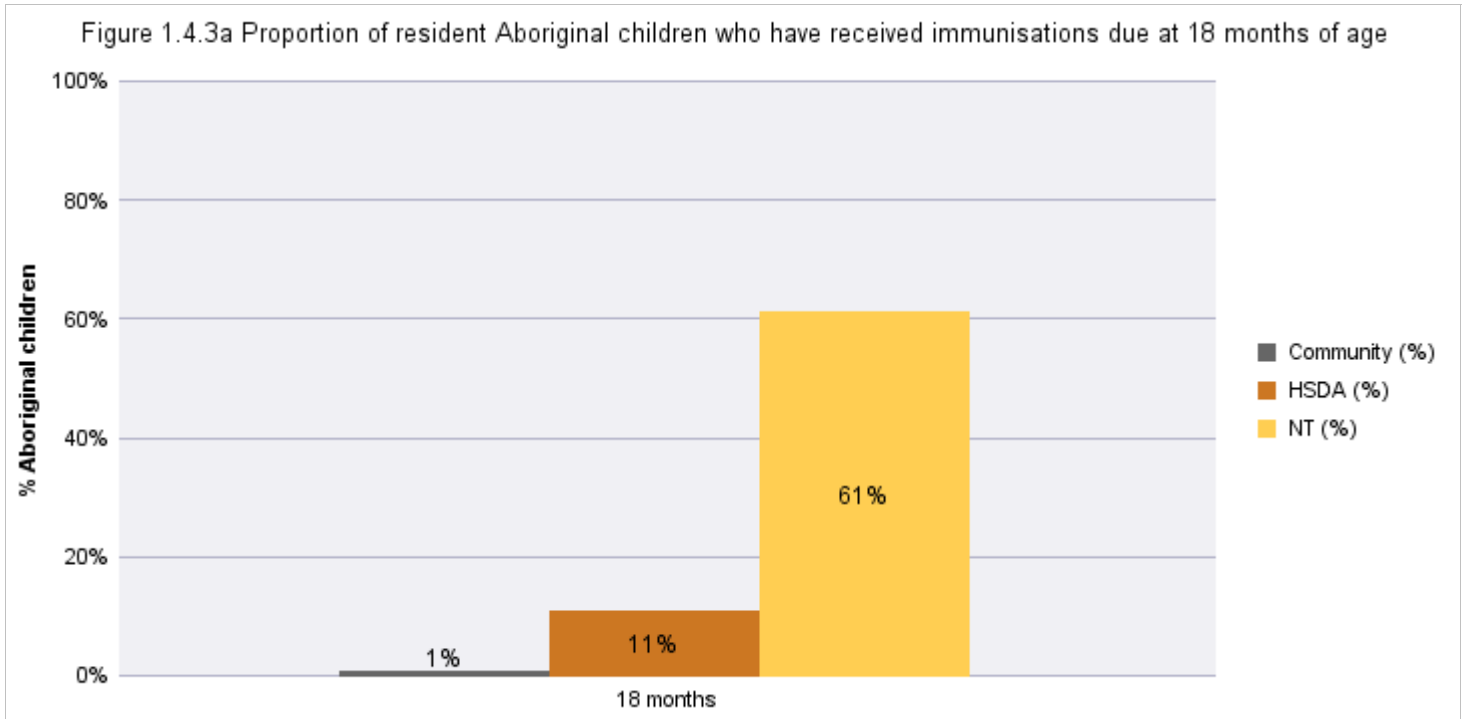
Barriers:

Ideas for Improvement:

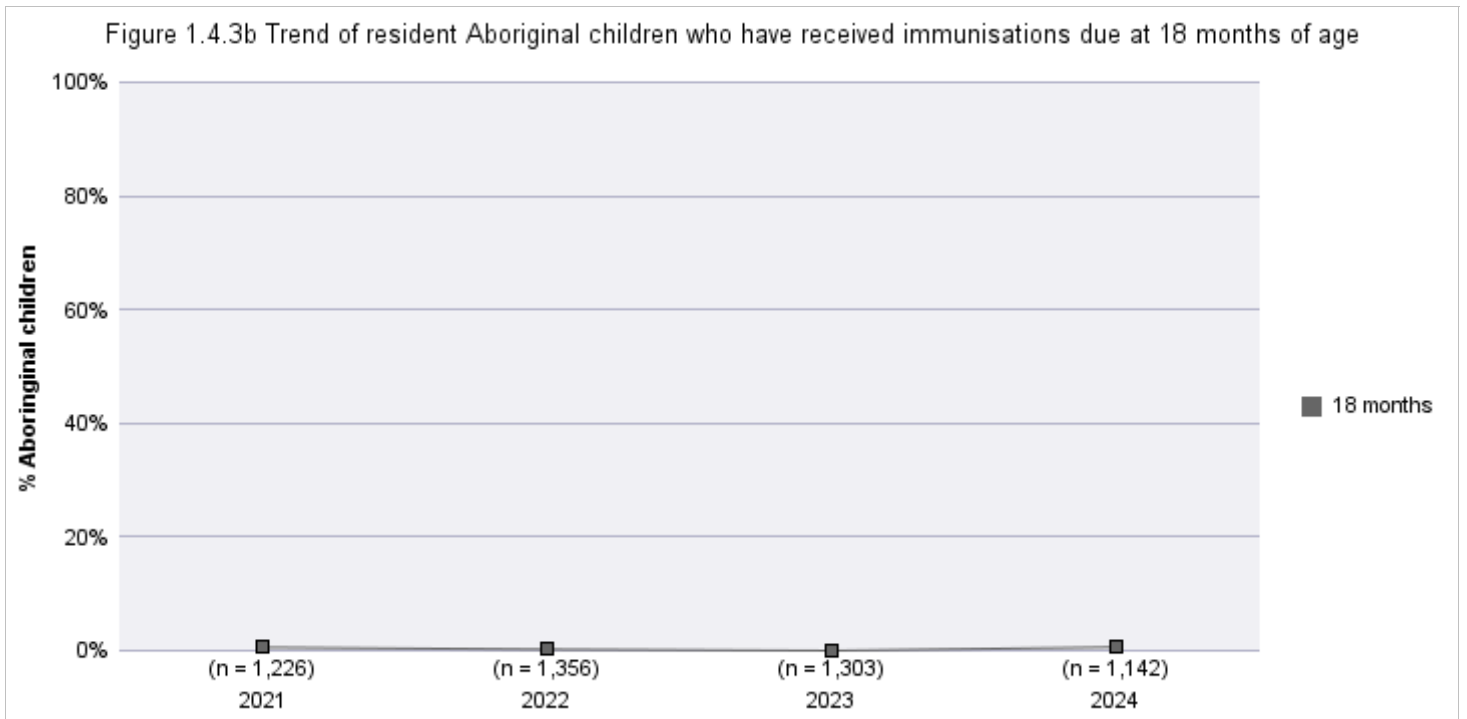
Issues questions:

## AHKPI 1.4.3 - Timeliness of Immunisations

Sample Community - for period 01 July 2024 to 30 June 2025



*n* = Population (denominator) is the number of resident Aboriginal children aged 18 months.



Reporting Year(s)	2021	2022	2023	2024
Population (Denominator)	9	5	7	11
Children received immunisations due at 18 months	78%	60%	0%	64%

### AHKPI 1.4.3 Proportion of children who have received the immunisations due at eighteen months of age when they were due

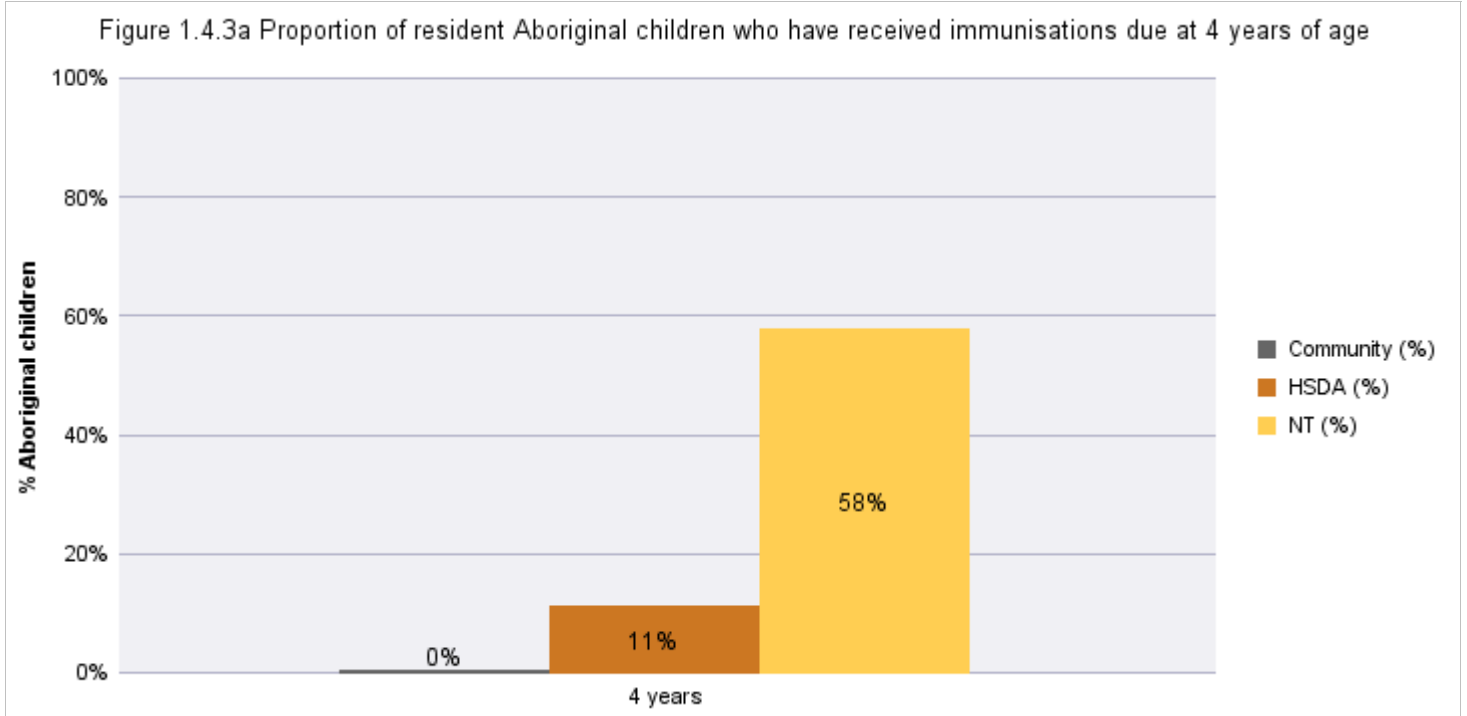
Aboriginal children	18 months
Immunised on time	7
% Immunised on time children	64%
Number of resident Aboriginal children	9

*n* = Population (denominator) is the number of resident Aboriginal children 18 months of age. From 2020/21, KPI 1.4.3 immunisation timeliness measurement for 18 months and 4 years age group and received within 3 months of when they are due.

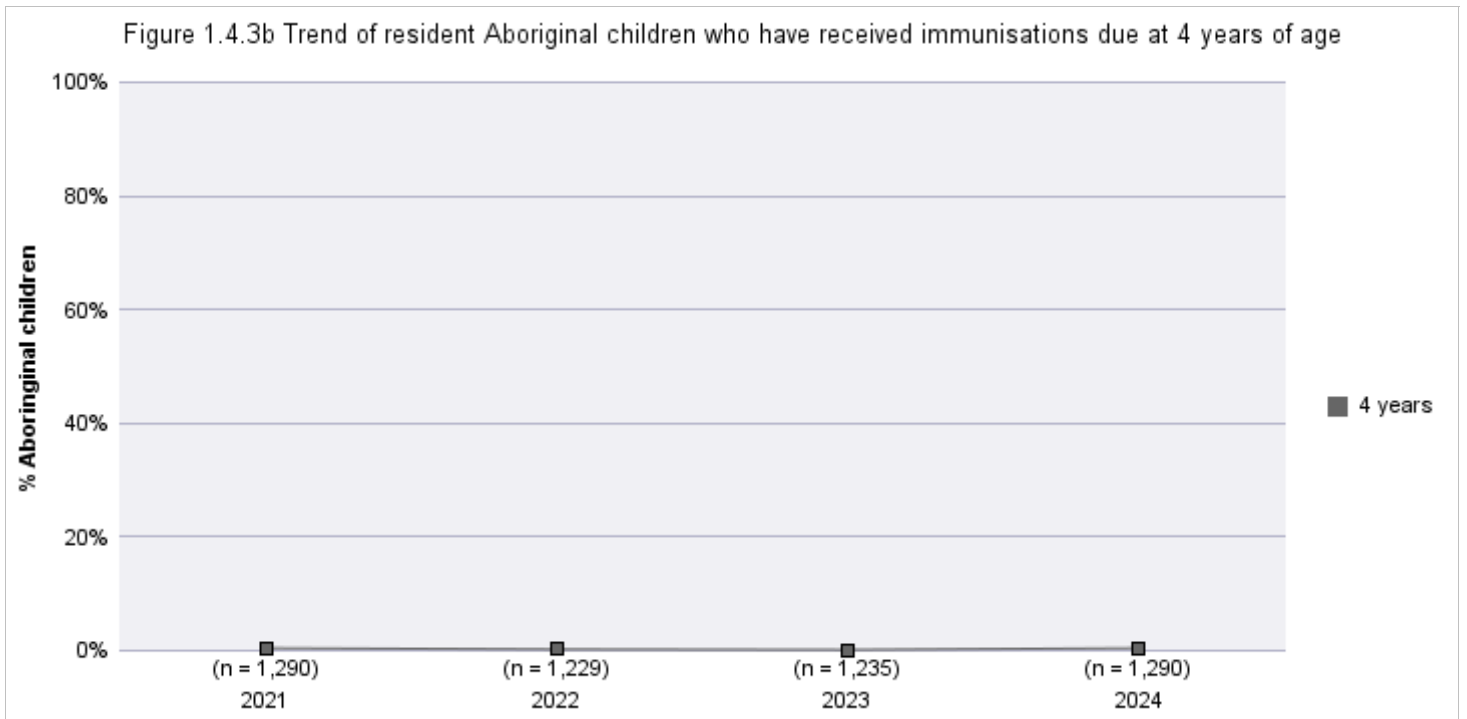
Note: NTG PCIS clinics please be advised that there has been an improvement to the calculation for KPIs 1.4.2 & 1.4.3 FY2020/21 numbers. There are still underlying issues with the data quality and system limitation.

## AHKPI 1.4.3 - Timeliness of Immunisations

Sample Community - for period 01 July 2024 to 30 June 2025



*n* = Population (denominator) is the number of resident Aboriginal children aged 4 years.



Reporting Year(s)	2021	2022	2023	2024
Population (Denominator)	9	5	8	11
Children received immunisations due at 4 years	67%	60%	25%	55%

### AHKPI 1.4.3 Proportion of children who have received the immunisations due at 4 years of age when they were due

Aboriginal children	4 years
Immunised on time	6
% Immunised on time children	55%
Number of resident Aboriginal children	9

*n* = Population (denominator) is the number of resident Aboriginal children 4 years of age. From 2020/21, KPI 1.4.3 immunisation timeliness measurement for 18 months and 4 years age group and received within 3 months of when they are due.

Note: NTG PCIS clinics please be advised that there has been an improvement to the calculation for KPIs 1.4.2 & 1.4.3 FY2020/21 numbers. There are still underlying issues with the data quality and system limitation.

# AHKPI 1.5 - Underweight Children

Sample Community - for period 01 July 2024 to 30 June 2025

## Rationale

Weight for age is a sensitive measure of growth in children. The calculation does not require height so coverage is generally better than weight for height.

## Known Data Quality Issues (provided by the system team)

From 2011/12 report, this KPI data is extracted from the PCIS system. This is to correctly reflect the data definition as the PCIS data covers the specified period of this KPI in whole. This data is no longer extracted from GAA database. Please note when considering the trend data this change may account for a small variation in client numbers between reporting periods.

## Key Comments (provided by the health service management)

Enablers:

Barriers:

Ideas for Improvement:

Issues questions:

# AHKPI 1.5 - Underweight Children

Sample Community - for period 01 July 2024 to 30 June 2025

Figure 1.5a Proportion of resident Aboriginal children 0 to 59 months of age measured for weight & recorded as underweight during the previous 1 year

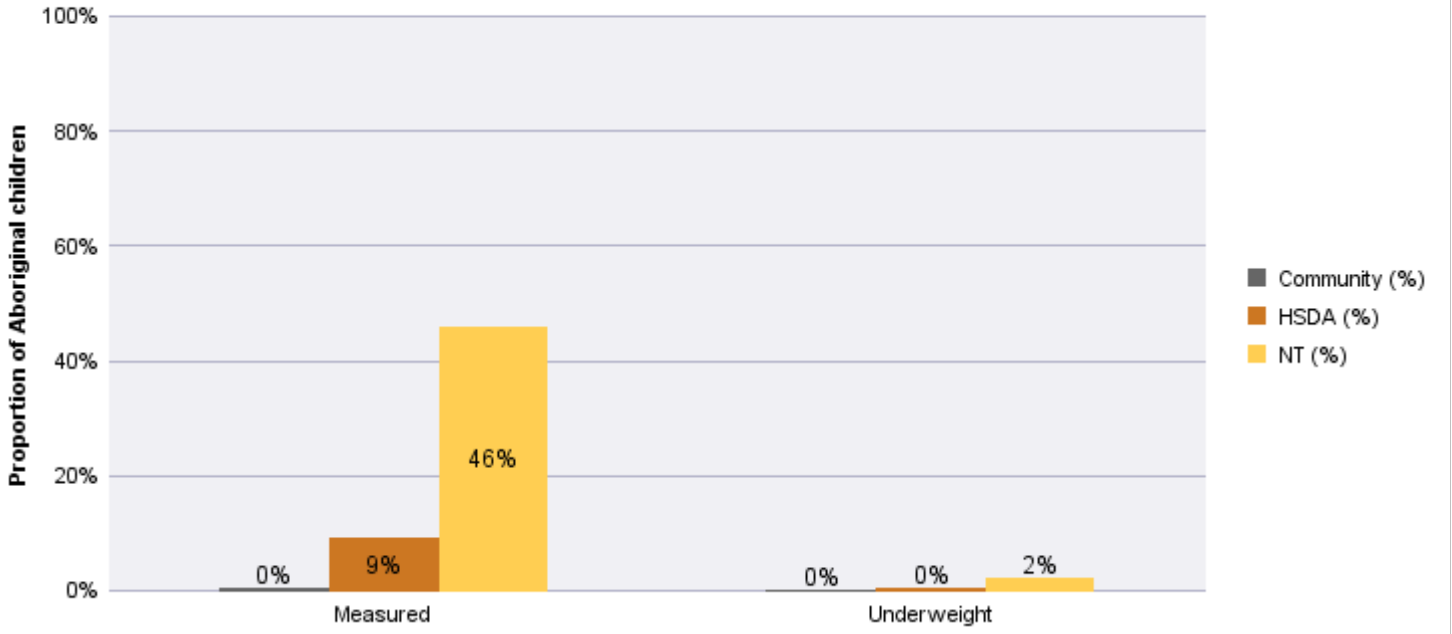
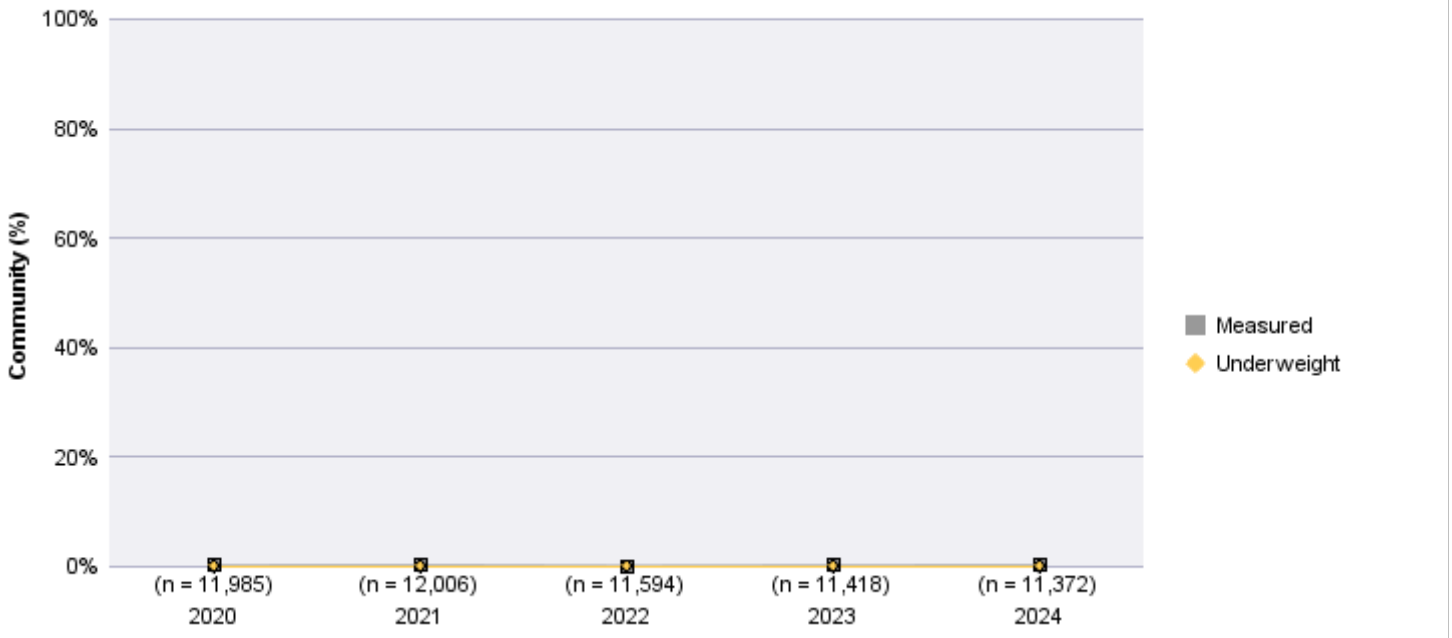


Figure 1.5b Trend of resident Aboriginal children 0 to 59 months of age measured for weight & recorded as underweight by reporting year



Reporting Year(s)	2020	2021	2022	2023	2024
Population (Denominator)	56	61	41	50	54
Coverage	25	61	19	24	54
<b>Measured</b>	45%	48%	46%	48%	<b>48%</b>
<b>Underweight</b>	0%	2%	0%	0%	<b>2%</b>

*n* = Population (denominator) is the number of resident Aboriginal children who are less than 5 years of age during the reporting period.

Coverage is the number of resident Aboriginal children who have been measured for weight at least once during the reporting period.

## AHKPI 1.5 - Underweight Children

Sample Community - for period 01 July 2024 to 30 June 2025

AHKPI 1.5 Number and proportion of children less than 5 years of age who are underweight	
<b>Aboriginal children</b>	<b>Total</b>
Number of children recorded as Measured	26
% of Children Measured	0%
Number of children recorded as Underweight	1
% of Children Underweight	0%
<b>Number of Aboriginal children</b>	<b>6,163</b>
<b>non-Aboriginal children</b>	<b>Total</b>
Number of children recorded as Measured	0
% of Children Measured	0%
Number of children recorded as Underweight	0
% of Children Underweight	0%
<b>Number of non-Aboriginal children</b>	<b>411</b>
<b>Total ALL</b>	<b>Total</b>
Number of children recorded as Measured	26
% of children Measured	0%
Number of children recorded as Underweight	1
% of children Underweight	0%
<b>Number of ALL children</b>	<b>12,089</b>

*The percentage of children measured ratio is the number of resident children measured for weight in the reporting period by the resident child population.*

*The percentage of children underweight ratio is the number of resident children who are more than -2 standard deviations away from the mean weight for age at their most recent measure by the number of resident children measured for weight in the reporting period.*

# AHKPI 1.6 - Anaemic Children

Sample Community - for period 01 July 2024 to 30 June 2025

## Rationale

Haemoglobin levels are an indicator of the oxygen carrying capacity of the blood and are one indicator of nutritional status. Haemoglobin can be measured easily in the primary health care setting and results can be obtained instantly using a haemoglobinometer.

From Financial Year 2017/18, this indicator has been expanded to include whether the child was ever anaemic as well as whether they were anaemic at the last examination. This will assist you to understand the incidence ( rates of new cases in the reporting period ) as well as the rate at the last examination. This information will support better targeting of strategies to reduce either the incidence ( e..g encourage iron rich weaning foods ) and /or improve rates of treatment of existing anaemia.

## Known Data Quality Issues (provided by the system team)

From 2015 Financial report this KPI has been updated to include breakdown of age groups. This data is no longer extracted from GAA database as at Financial 2011/12 report. Please note when considering the trend data this change may account for a small variation in client numbers between reporting periods.

## Key Comments (provided by the health service management)

Enablers:

Barriers:

Ideas for Improvement:

Issues questions:

## AHKPI 1.6 - Anaemic Children

Sample Community - for period 01 July 2024 to 30 June 2025

Figure 1.6a Proportion of resident Aboriginal children 6 to 59 months of age measured for Anaemia and recorded as Anaemic during the previous 1 year

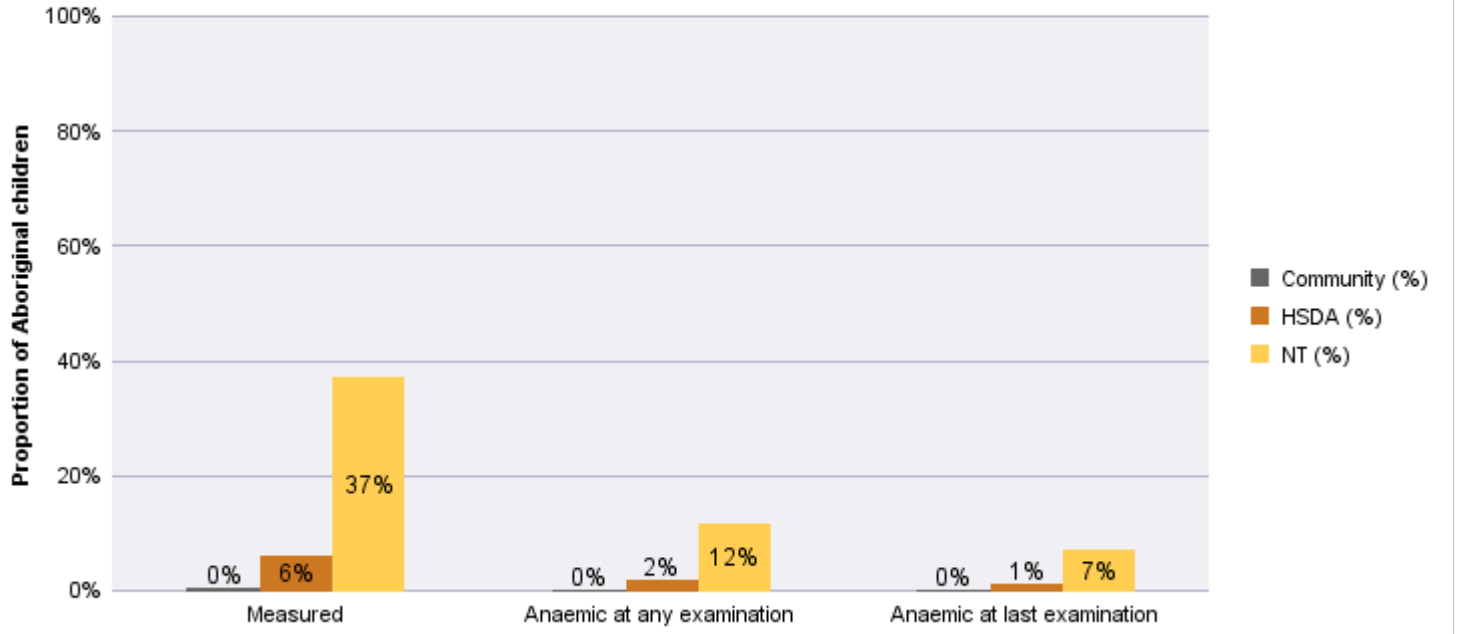
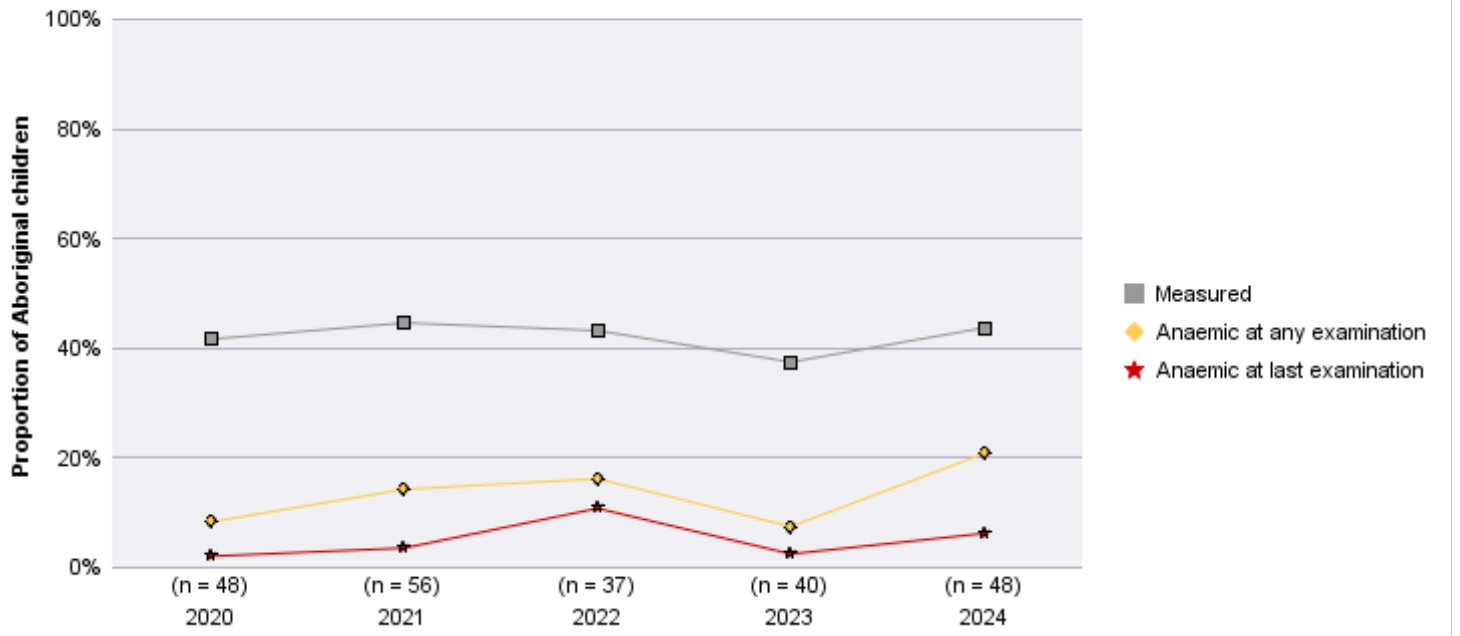


Figure 1.6b Trend of resident Aboriginal children 6 to 59 months of age measured for Anaemia and recorded as Anaemic by reporting year



Reporting Year(s)	2020	2021	2022	2023	2024
Population (Denominator)	48	56	37	40	48
Coverage	22	27	18	17	23
Measured	42%	45%	43%	38%	44%
Anaemic at any examination	8%	14%	16%	8%	21%
Anaemic at last examination	2%	4%	11%	3%	6%

*n = Population (denominator) is the number of resident Aboriginal children who are between 6 months to 5 years of age during the reporting period. Coverage is the number of resident Aboriginal children who have been measured for Anaemia at least once during the reporting period.*

## AHKPI 1.6 - Anaemic Children

Sample Community - for period 01 July 2024 to 30 June 2025

AHKPI 1.6 Number and proportion of children between 6 months and 5 years of age who are anaemic				
Aboriginal children	Age Group (months)			Total (%)
	6-11	12-23	24-59	
Number of children recorded as Anaemic at any examination	1	2	7	10
% of children Anaemic at any examination	0%	0%	0%	0%
Number of children recorded as Anaemic at last examination	0	0	3	3
% of children Anaemic at last examination	0%	0%	0%	0%
Number of children recorded as Measured	3	2	16	21
% of children Measured	0%	0%	0%	0%
<b>Number of Aboriginal children</b>	<b>604</b>	<b>1,162</b>	<b>3,977</b>	<b>5,739</b>
non-Aboriginal children	Age Group (months)			Total (%)
	6-11	12-23	24-59	
Number of children recorded as Anaemic at any examination	0	0	0	0
% of children Anaemic at any examination	0%	0%	0%	0%
Number of children recorded as Anaemic at last examination	0	0	0	0
% of children Anaemic at last examination	0%	0%	0%	0%
Number of children recorded as Measured	0	0	0	0
% of children Measured	0%	0%	0%	0%
<b>Number of non-Aboriginal children</b>	<b>26</b>	<b>75</b>	<b>297</b>	<b>396</b>
ALL children	Age Group (months)			Total (%)
	6-11	12-23	24-59	
Number of children recorded as Anaemic at any examination	1	2	7	10
% of children Anaemic at any examination	0%	0%	0%	0%
Number of children recorded as Anaemic at last examination	0	0	3	3
% of children Anaemic at last examination	0%	0%	0%	0%
Number of children recorded as Measured	3	2	16	21
% of children Measured	0%	0%	0%	0%
<b>Number of ALL children</b>	<b>877</b>	<b>2,024</b>	<b>6,758</b>	<b>9,655</b>

The percentage of children measured ratio is the number of resident children measured for anaemia in the reporting period by the resident child population.

The percentage of children anaemic ratio is the number of resident children who have a haemoglobin level less than the CARPA recommendation for age at their most recent measure by the number of resident children measured for anaemia in the reporting period.

# AHKPI 1.7 - Chronic Disease Management Plan

Sample Community - for period 01 July 2024 to 30 June 2025

## Rationale

Preventable chronic diseases are responsible for a significant burden of disease for Aboriginal people and if poorly controlled increase hospitalisations, complications and the cost of health care. Care plans are the foundation for providing appropriate long-term care and an increase in the proportion will demonstrate improved health service delivery.

## Known Data Quality Issues (provided by the system team)

The technical application of the business rules for this KPI have been refined as of the 2013 Financial report. The extract includes clients, who have type II diabetes or coronary heart disease and who have had MBS billing item 721/723 GP Management Plan/Team Care Arrangement claimed and clients who have an alternative care plan during the reporting period. Please note when considering the trend data this change may account for a small variation in client numbers between reporting periods.

## Key Comments (provided by the health service management)

Enablers:

Barriers:

Ideas for Improvement:

Issues questions:

# AHKPI 1.7 - Chronic Disease Management Plan

Sample Community - for period 01 July 2024 to 30 June 2025

Figure 1.7a Proportion of resident Aboriginal clients managed on chronic disease management plan by disease group during the previous 2 years

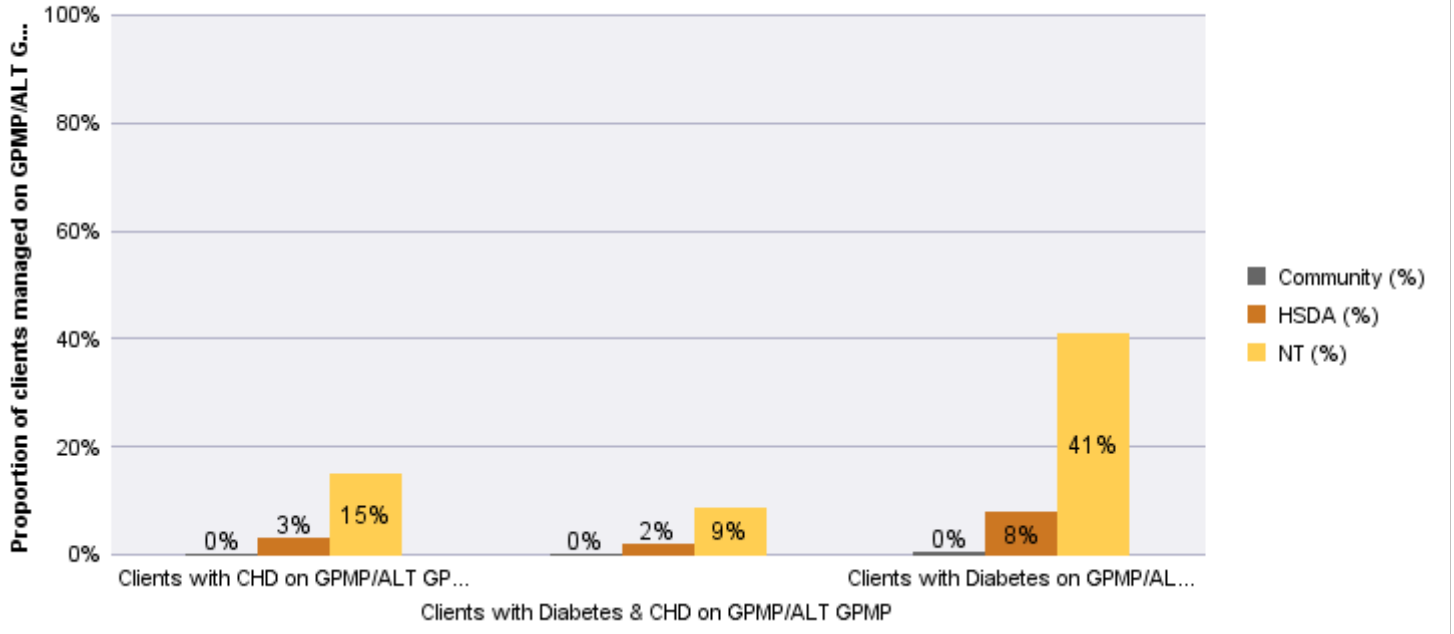
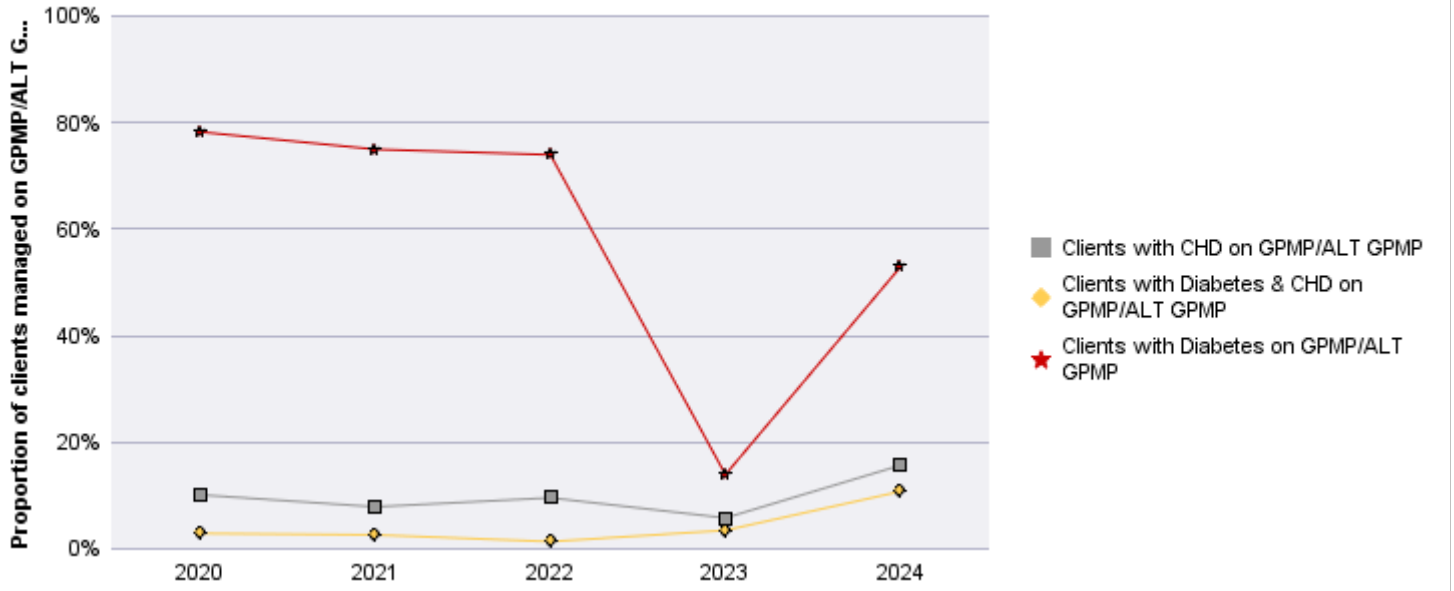


Figure 1.7b Trend of resident Aboriginal clients managed on chronic disease management plan by disease group by reporting year



	Reporting Years(s)				
	2020	2021	2022	2023	2024
Population (Coronary Heart Disease)	9	8	9	19	20
Population (Type II Diabetes)	60	68	65	60	72
Population (Type II Diabetes & Coronary Heart Disease)	4	4	3	11	14
Clients with CHD on GPMP/ALT GPMP	10%	8%	10%	6%	16%
Clients with Diabetes & CHD on GPMP/ALT GPMP	3%	3%	1%	3%	11%
Clients with Diabetes on GPMP/ALT GPMP	78%	75%	74%	14%	53%

From 2018/19 population (Coronary Heart Disease) is the number of resident Aboriginal clients aged 5 years and over with Coronary Heart Disease. (Previously 15+ years)

From 2018/19 population (Type II Diabetes) is the number of resident Aboriginal clients aged 5 years and over with Type II Diabetes. (Previously 15+ years)

From 2018/19 population (Type II Diabetes and Coronary Heart Disease) is the number of resident Aboriginal clients aged 5 years and over with Type II Diabetes and Coronary Heart Disease. (Previously 15+ years)

From 2020/21 MBS Item 721 or equivalent MBS item numbers for a GPMP and MBS Item 723 or equivalent MBS item numbers for a TCA.

## AHKPI 1.7 - Chronic Disease Management Plan

Sample Community - for period 01 July 2024 to 30 June 2025

AHKPI 1.7 Number and proportion of clients aged 5 years and over with Type II Diabetes and/or Coronary Heart Disease who have a chronic disease management plan													
Aboriginal clients on GP Management Plan		Age Group										Total (%)	
		5-14		15-24		25-44		45-64		65+			
<b>Female</b>	Clients with CHD 2 years	0	0%	1	0%	3	0%	3	0%	1	0%	8	0%
	Clients with Diabetes 2 years	1	2%	1	0%	9	0%	21	0%	6	0%	38	0%
	Clients with Diabetes & CHD 2 years	0	0%	1	0%	3	0%	3	0%	0	0%	7	0%
	Clients with CHD 1 year	0	0%	1	0%	3	0%	2	0%	0	0%	6	0%
	Clients with Diabetes 1 year	1	2%	1	0%	7	0%	17	0%	6	0%	32	0%
	Clients with Diabetes & CHD 1 year	0	0%	1	0%	3	0%	2	0%	0	0%	6	0%
<b>Total number of Aboriginal Female clients who are on GP Management Plan</b>		<b>1</b>		<b>3</b>		<b>15</b>		<b>27</b>		<b>7</b>		<b>53</b>	
Number of Aboriginal Female clients with CHD		24		44		372		987		455		1,875	
Number of Aboriginal Female clients with Diabetes		39		242		2,098		3,294		1,120		6,785	
Number of Aboriginal Female clients with Diabetes & CHD		0		5		156		639		304		1,099	
<b>Male</b>	Clients with CHD 2 years	0	0%	0	0%	0	0%	3	0%	5	0%	8	0%
	Clients with Diabetes 2 years	0	0%	0	0%	2	0%	10	0%	4	0%	16	0%
	Clients with Diabetes & CHD 2 years	0	0%	0	0%	0	0%	1	0%	3	0%	4	0%
	Clients with CHD 1 year	0	0%	0	0%	0	0%	3	0%	5	0%	8	0%
	Clients with Diabetes 1 year	0	0%	0	0%	1	0%	8	0%	4	0%	13	0%
	Clients with Diabetes & CHD 1 year	0	0%	0	0%	0	0%	1	0%	3	0%	4	0%
<b>Total number of Aboriginal Male clients who are on GP Management Plan</b>		<b>0</b>		<b>0</b>		<b>2</b>		<b>14</b>		<b>12</b>		<b>28</b>	
Number of Aboriginal Male clients with CHD		14		40		335		1,186		449		2,019	
Number of Aboriginal Male clients with Diabetes		17		125		1,077		2,255		650		4,118	
Number of Aboriginal Male clients with Diabetes & CHD		0		2		111		616		248		973	
ALL clients		Age Group										Total (%)	
		5-14		15-24		25-44		45-64		65+			
Clients with CHD 2 years		0	0%	1	0%	3	0%	6	0%	6	0%	16	0%
Clients with Diabetes 2 years		1	1%	1	0%	11	0%	31	0%	10	0%	54	0%
Clients with Diabetes & CHD 2 years		0	0%	1	0%	3	0%	4	0%	3	0%	11	0%
Clients with CHD 1 year		0	0%	1	0%	3	0%	5	0%	5	0%	14	0%
Clients with Diabetes 1 year		1	1%	1	0%	8	0%	25	0%	10	0%	45	0%
Clients with Diabetes & CHD 1 year		0	0%	1	0%	3	0%	3	0%	3	0%	10	0%
<b>Total number of ALL Aboriginal clients who are on GP Management Plan</b>		<b>1</b>		<b>3</b>		<b>17</b>		<b>41</b>		<b>19</b>		<b>81</b>	
Number of Aboriginal clients with CHD		37		83		706		2,171		902		3,892	
Number of Aboriginal clients with Diabetes		55		366		3,173		5,547		1,768		10,901	
Number of Aboriginal clients with Diabetes and CHD		0		6		266		1,253		551		2,070	

## AHKPI 1.7 - Chronic Disease Management Plan

Sample Community - for period 01 July 2024 to 30 June 2025

AHKPI 1.7 Number and proportion of clients aged 5 years and over with Type II Diabetes and/or Coronary Heart Disease who have a chronic disease management plan													
Aboriginal clients on Team Care Arrangement Plan		Age Group											
		5-14		15-24		25-44		45-64		65+		Total (%)	
<b>Female</b>	Clients with CHD 2 years	0	0%	1	0%	3	0%	3	0%	0	0%	7	0%
	Clients with Diabetes 2 years	1	2%	1	0%	9	0%	21	0%	7	0%	39	0%
	Clients with Diabetes & CHD 2 years	0	0%	1	0%	3	0%	3	0%	0	0%	7	0%
	Clients with CHD 1 year	0	0%	1	0%	3	0%	2	0%	0	0%	6	0%
	Clients with Diabetes 1 year	1	2%	1	0%	8	0%	17	0%	7	0%	34	0%
	Clients with Diabetes & CHD 1 year	0	0%	1	0%	3	0%	2	0%	0	0%	6	0%
<b>Total number of Aboriginal Female clients who are on Team Care Arrangements</b>		<b>1</b>		<b>3</b>		<b>15</b>		<b>27</b>		<b>7</b>		<b>53</b>	
Number of Aboriginal Female clients with CHD		24		44		372		987		455		1,875	
Number of Aboriginal Female clients with Diabetes		39		242		2,098		3,294		1,120		6,785	
Number of Aboriginal Female clients with Diabetes & CHD		0		5		156		639		304		1,099	
<b>Male</b>	Clients with CHD 2 years	0	0%	0	0%	0	0%	3	0%	5	0%	8	0%
	Clients with Diabetes 2 years	0	0%	0	0%	2	0%	10	0%	4	0%	16	0%
	Clients with Diabetes & CHD 2 years	0	0%	0	0%	0	0%	1	0%	3	0%	4	0%
	Clients with CHD 1 year	0	0%	0	0%	0	0%	3	0%	5	0%	8	0%
	Clients with Diabetes 1 year	0	0%	0	0%	1	0%	8	0%	4	0%	13	0%
	Clients with Diabetes & CHD 1 year	0	0%	0	0%	0	0%	1	0%	3	0%	4	0%
<b>Total number of Aboriginal Male clients who are on Team Care Arrangements</b>		<b>0</b>		<b>0</b>		<b>2</b>		<b>14</b>		<b>12</b>		<b>28</b>	
Number of Aboriginal Male clients with CHD		14		40		335		1,186		449		2,019	
Number of Aboriginal Male clients with Diabetes		17		125		1,077		2,255		650		4,118	
Number of Aboriginal Male clients with Diabetes & CHD		0		2		111		616		248		973	
ALL clients		Age Group											
		5-14		15-24		25-44		45-64		65+		Total (%)	
Clients with CHD 2 years		0	0%	1	0%	3	0%	6	0%	5	0%	15	0%
Clients with Diabetes 2 years		1	1%	1	0%	11	0%	31	0%	11	0%	55	0%
Clients with Diabetes & CHD 2 years		0	0%	1	0%	3	0%	4	0%	3	0%	11	0%
Clients with CHD 1 year		0	0%	1	0%	3	0%	5	0%	5	0%	14	0%
Clients with Diabetes 1 year		1	1%	1	0%	9	0%	25	0%	11	0%	47	0%
Clients with Diabetes & CHD 1 year		0	0%	1	0%	3	0%	3	0%	3	0%	10	0%
<b>Total number of ALL Aboriginal clients who are on Team Care Arrangements</b>		<b>1</b>		<b>3</b>		<b>17</b>		<b>41</b>		<b>19</b>		<b>81</b>	
Number of Aboriginal clients with CHD		37		83		706		2,171		902		3,892	
Number of Aboriginal clients with Diabetes		55		366		3,173		5,547		1,768		10,901	
Number of Aboriginal clients with Diabetes and CHD		0		6		266		1,253		551		2,070	

# AHKPI 1.8.1 - HbA1c Tests

Sample Community - for period 01 July 2024 to 30 June 2025

## Rationale

Glycosylated haemoglobin (HbA1c) is an index of average blood glucose level for the previous 2 to 3 months and is used to monitor blood sugar control in diabetic people. It is a marker of the increased risk of developing atherosclerosis, myocardial infarction, strokes, cataracts and loss of the elasticity of arteries, joints and lungs.

The US Diabetes Control and Complications Trial and the UK Prospective Diabetes Study have established that the risk of diabetic complications is strongly associated with previous hyperglycaemia and that any reduction in HbA1c is likely to reduce the risk of complications.

From Financial Year 2014/15, the inclusion of a twelve month reporting period will bring this indicator into alignment with the national key performance indicator on diabetes control. This may also assist in targeting those who have had less frequent test for diabetes control and who should be targeted for follow up.

## Known Data Quality Issues (provided by the system team)

From Financial Year 2014/15 this KPI has been updated to include an additional 12 month reporting period. This is a PCIS data extract of clients with type 2 diabetes receiving HbA1c test.

## Key Comments (provided by the health service management)

Enablers:

Barriers:

Ideas for Improvement:

Issues questions:

## AHKPI 1.8.1 - HbA1c Tests

Sample Community - for period 01 July 2024 to 30 June 2025

Figure 1.8.1a Proportion of resident Aboriginal clients with type II diabetes receiving a HbA1c test during the previous 1 year by sex

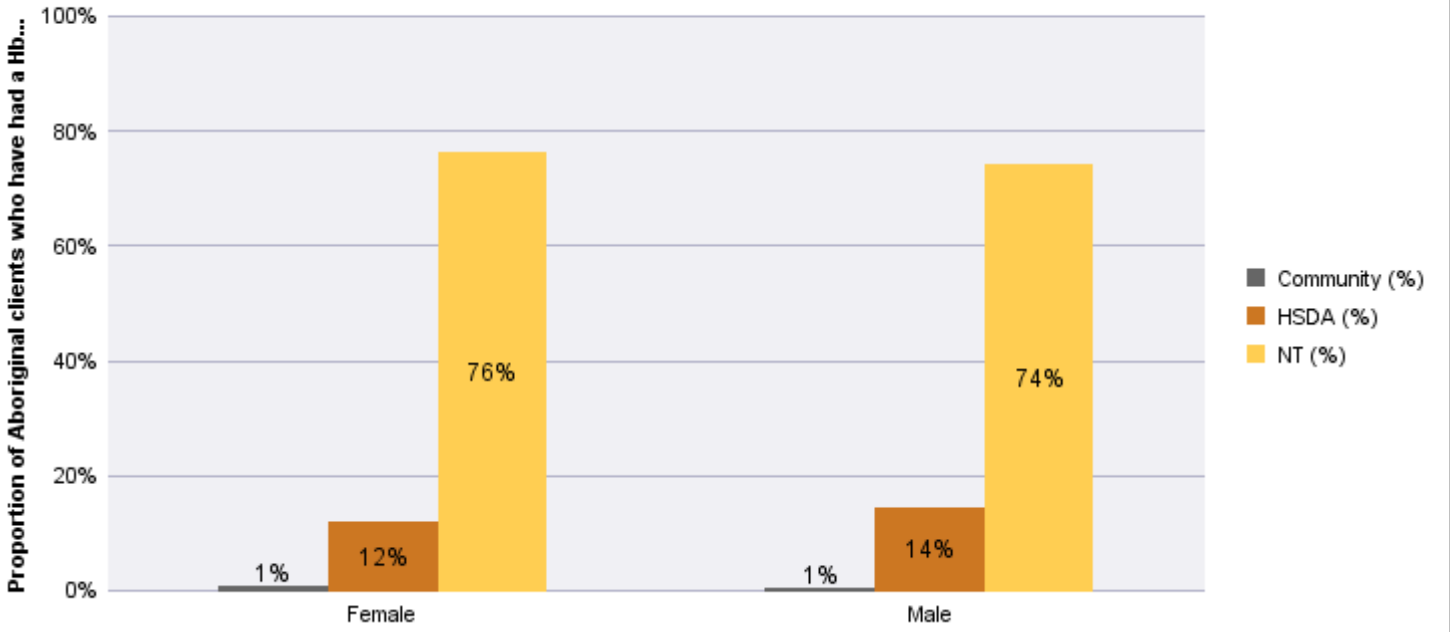
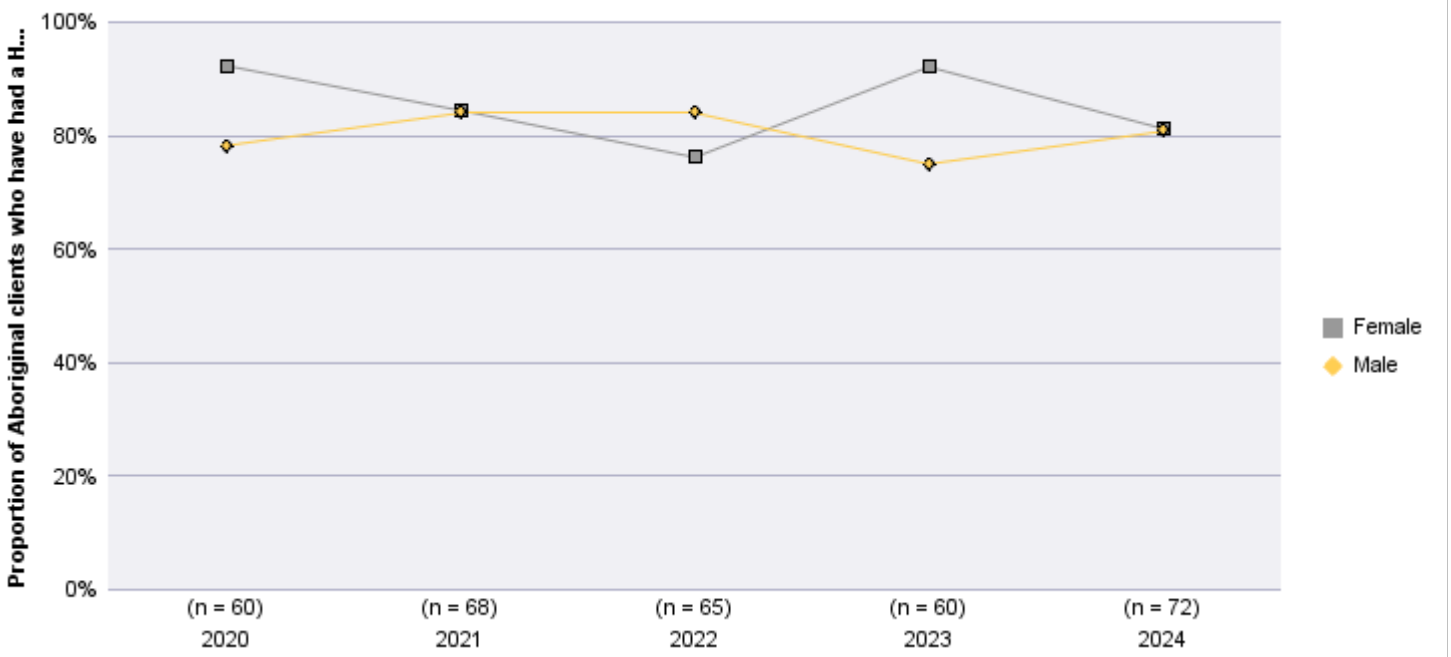


Figure 1.8.1b Trend of resident Aboriginal clients with type II diabetes receiving a HbA1c test by sex and reporting year



Reporting Year(s)	2020	2021	2022	2023	2024
Population (Denominator)	60	68	65	60	72
HbA1c Total Coverage	90%	87%	82%	88%	83%
Female	92%	84%	76%	92%	81%
Male	78%	84%	84%	75%	81%

From 2018/19, n = Population (denominator) is the number of Aboriginal clients who have been diagnosed with Type II diabetes aged 5 years and over. (Previously 15+ years)

## AHKPI 1.8.1 - HbA1c Tests

Sample Community - for period 01 July 2024 to 30 June 2025

### AHKPI 1.8.1 Number and proportion of resident clients aged 5 years and over with Type II Diabetes who have had an HbA1c test in the reporting period

Aboriginal clients		Age Group					Total (%)
		5-14	15-24	25-44	45-64	65+	
<b>Female</b>	<b>Clients who have had an HbA1c Test in 6 months</b>	1	1	8	17	2	29
	% of clients who have had an HbA1c Test	3%	0%	0%	1%	0%	0%
	<b>Clients with Type II Diabetes</b>	39	242	2,099	3,295	1,120	6,787
	<b>Clients who have had an HbA1c Test in 12 months</b>	1	1	9	21	7	39
	% of clients who have had an HbA1c Test	3%	0%	0%	1%	1%	1%
	<b>Clients with Type II Diabetes</b>	39	242	2,099	3,295	1,120	6,787
<b>Male</b>	<b>Clients who have had an HbA1c Test in 6 months</b>	0	0	3	10	2	15
	% of clients who have had an HbA1c Test	0%	0%	0%	0%	0%	0%
	<b>Clients with Type II Diabetes</b>	17	125	1,077	2,256	650	4,119
	<b>Clients who have had an HbA1c Test in 12 months</b>	0	0	4	12	5	21
	% of clients who have had an HbA1c Test	0%	0%	0%	1%	1%	1%
	<b>Clients with Type II Diabetes</b>	17	125	1,077	2,256	650	4,119
<b>Total number of Aboriginal clients who have had an HbA1c Test in 12 months</b>		<b>1</b>	<b>1</b>	<b>13</b>	<b>33</b>	<b>12</b>	<b>60</b>
% of Aboriginal clients who have had an HbA1c Test		<b>2%</b>	<b>0%</b>	<b>0%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>
<b>Total number of Aboriginal clients with Type II Diabetes</b>		<b>3</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>18</b>
non-Aboriginal clients		Age Group					Total (%)
		5-14	15-24	25-44	45-64	65+	
<b>Female</b>	<b>Clients who have had an HbA1c Test in 6 months</b>	0	0	0	0	0	0
	% of clients who have had an HbA1c Test	0%	0%	0%	0%	0%	0%
	<b>Clients with Type II Diabetes</b>	0	2	25	71	56	151
	<b>Clients who have had an HbA1c Test in 12 months</b>	0	0	0	0	1	1
	% of clients who have had an HbA1c Test	0%	0%	0%	0%	2%	1%
	<b>Clients with Type II Diabetes</b>	0	2	25	71	57	152
<b>Male</b>	<b>Clients who have had an HbA1c Test in 6 months</b>	0	0	0	1	0	1
	% of clients who have had an HbA1c Test	0%	0%	0%	1%	0%	0%
	<b>Clients with Type II Diabetes</b>	0	0	22	130	128	278
	<b>Clients who have had an HbA1c Test in 12 months</b>	0	0	0	1	0	1
	% of clients who have had an HbA1c Test	0%	0%	0%	1%	0%	0%
	<b>Clients with Type II Diabetes</b>	0	0	22	130	128	278
<b>Total number of non-Aboriginal clients who have had an HbA1c Test in 12 months</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>
% of non-Aboriginal clients who have had an HbA1c Test		<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>1%</b>	<b>1%</b>	<b>0%</b>
<b>Total number of non-Aboriginal clients with Type II Diabetes</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>9</b>
ALL clients		Age Group					Total (%)
		5-14	15-24	25-44	45-64	65+	
<b>Total number of ALL clients who have had an HbA1c Test in 12 months</b>		<b>1</b>	<b>1</b>	<b>13</b>	<b>34</b>	<b>13</b>	<b>62</b>
% of ALL clients who have had an HbA1c Test		<b>2%</b>	<b>0%</b>	<b>0%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>
<b>Number of ALL clients with Type II Diabetes</b>		<b>55</b>	<b>367</b>	<b>3,221</b>	<b>5,751</b>	<b>1,950</b>	<b>11,344</b>

## AHKPI 1.8.2 - HbA1c Measurements

Sample Community - for period 01 July 2024 to 30 June 2025

### Rationale

Glycosylated haemoglobin is an index of average blood glucose level for the previous 2-3 months and is used to monitor blood sugar control in people with diabetes. The level of control is a marker for increased risk of developing complications including vision loss, neuropathy, renal disease and to a lesser extent, cardiovascular complications. The UKPDS study demonstrated significant reductions in microvascular complications with intensive control of diabetes. More recently the ADVANCE study demonstrated a significant reduction in both renal disease and cardiovascular disease in patients with improved blood pressure and diabetes control.

### Known Data Quality Issues (provided by the system team)

This KPI was introduced as of the 2013 Financial report, and is extracted from PCIS dataset. This indicator reports test results outcomes over a 12 month period.

### Key Comments (provided by the health service management)

Enablers:

Barriers:

Ideas for Improvement:

Issues questions:

## AHKPI 1.8.2 - HbA1c Measurements

Sample Community - for period 01 July 2024 to 30 June 2025

Figure 1.8.2a Proportion of resident Aboriginal clients with type II diabetes and whose HbA1c measurements are within certain levels by Community (%) during the previous 1 year

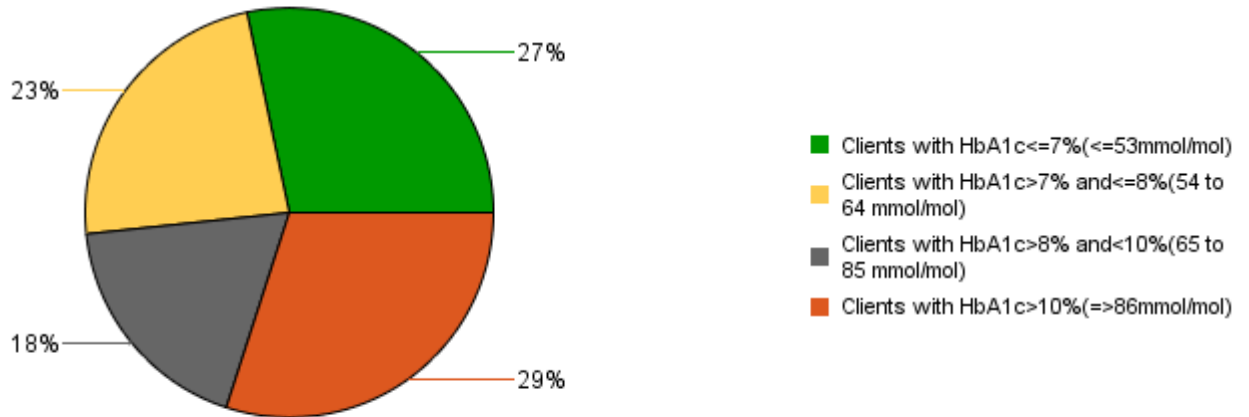
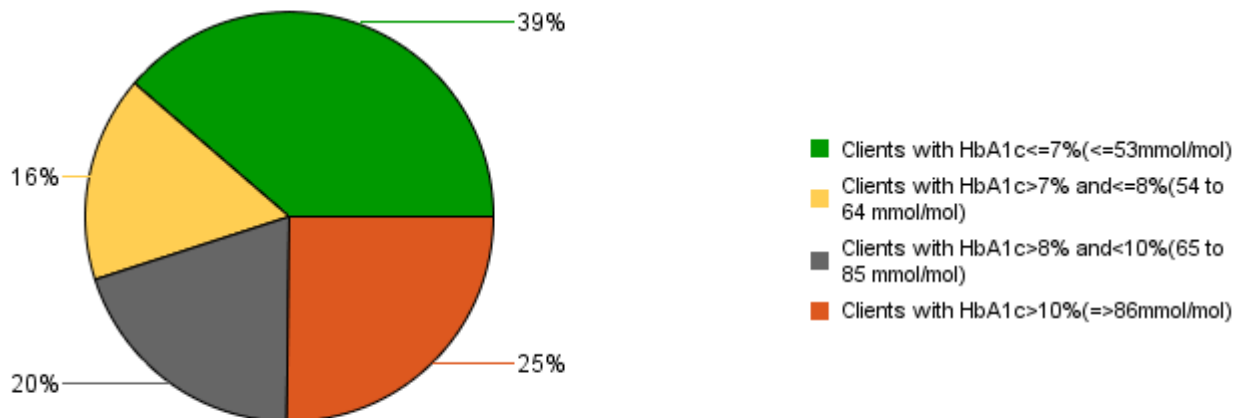


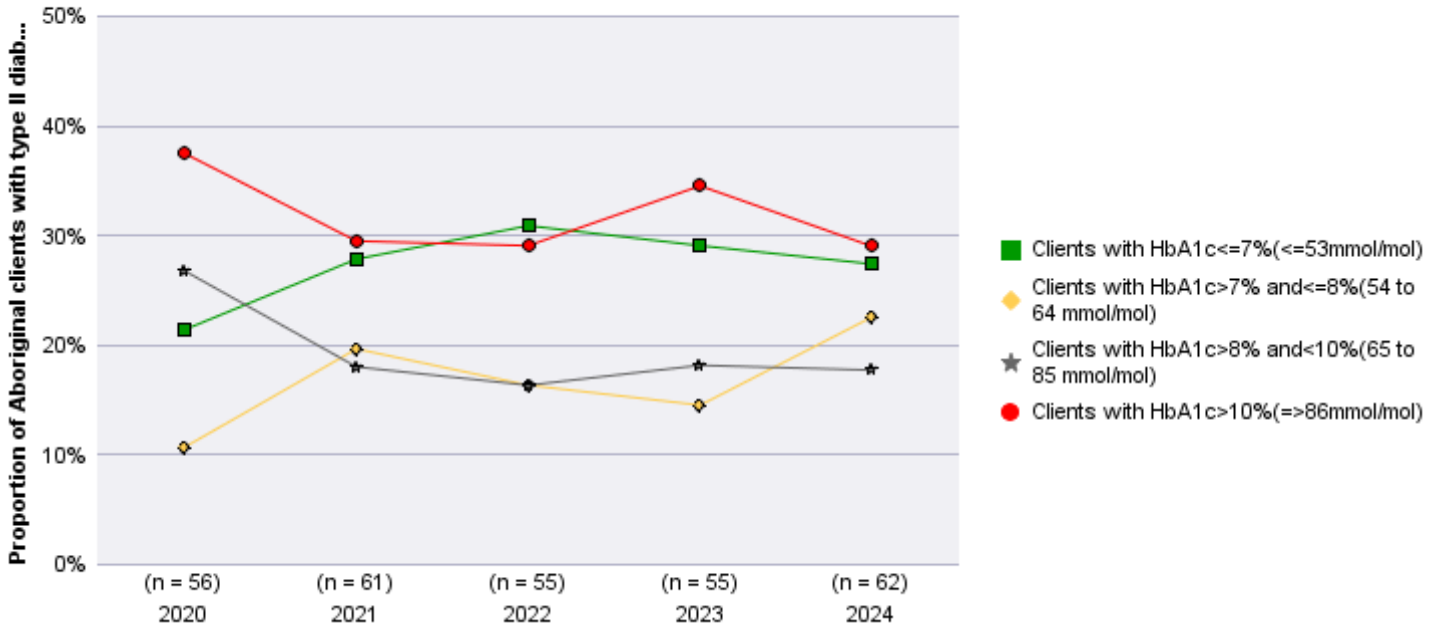
Figure 1.8.2b Proportion of resident Aboriginal clients with type II diabetes and whose HbA1c measurements are within certain levels by NT (%)



## AHKPI 1.8.2 - HbA1c Measurements

Sample Community - for period 01 July 2024 to 30 June 2025

Figure 1.8.2c Trend of resident Aboriginal clients with type II diabetes and whose HbA1c measurements are within certain levels during the previous 1 year



Reporting Year(s)	2020	2021	2022	2023	2024
Population (Denominator)	56	61	55	55	62
Clients with HbA1c <= 7% (<=53mmol/mol)	21%	28%	31%	29%	27%
Clients with HbA1c > 7% and <= 8% (54 to 64 mmol/mol)	11%	20%	16%	15%	23%
Clients with HbA1c > 8% and < 10% (65 to 85 mmol/mol)	27%	18%	16%	18%	18%
Clients with HbA1c > 10% (=>86mmol/mol)	38%	30%	29%	35%	29%

From 2018/19, n= Population (denominator) is the number of resident Aboriginal clients with type II diabetes aged 5 years and over. (Previously 15+years)

### AHKPI 1.8.2 Number and proportion of Aboriginal clients with type II diabetes and whose HbA1c measurements are within certain levels

Aboriginal clients	Female					Total Female	Male					Total Male	Total
	5-14	15-24	25-44	45-64	65+		5-14	15-24	25-44	45-64	65+		
Clients with HbA1c <= 7% (<=53mmol/mol)	1	0	2	4	3	10	0	0	1	2	4	7	17
	4%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%
Clients with HbA1c > 7% and <= 8% (54 to 64 mmol/mol)	0	0	0	5	1	6	0	0	2	5	1	8	14
	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Clients with HbA1c > 8% and < 10% (65 to 85 mmol/mol)	0	0	1	5	2	8	0	0	1	2	0	3	11
	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Clients with HbA1c > 10% (=>86mmol/mol)	0	1	6	7	1	15	0	0	0	3	0	3	18
	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
<b>Number of Aboriginal clients</b>	<b>28</b>	<b>186</b>	<b>1,571</b>	<b>2,553</b>	<b>850</b>	<b>5,180</b>	<b>14</b>	<b>85</b>	<b>753</b>	<b>1,691</b>	<b>515</b>	<b>3,052</b>	<b>8,230</b>

# AHKPI 1.10 - Health Check

Sample Community - for period 01 July 2024 to 30 June 2025

## Rationale

The evidence for screening well people for asymptomatic disease is well established for a specified number of conditions. Screening detects the disease at an earlier stage, and this allows good clinical management with the aim of reducing and preventing complications.

Adult health checks indicate quality of primary health care services, with a focus on health promotion and prevention. It is also a major strategy to identify and treat sexually transmitted infections, which are mainly asymptomatic.

## Known Data Quality Issues (provided by the system team)

All clients aged 0 and over are counted in the numerator if they have had MBS Item 715 or Alternative Indigenous health check similar to MBS Item 715.

Remote Procedure Manual (RPM) recommends all adults over 15 years have a health check every 2 years.

Therefore, all adults 15 years and older who have had a health check in the 2 years prior to the end of the reporting period should be included in the numerator count, not just those who received a health check within the reporting period. If a resident client aged 15 years and over is recorded as having more than one valid Indigenous health check (MBS item 715 or Alternative), then count the most recent valid Indigenous Health Check (MBS item 715 or Alternative) only. Also, based on the Remote Procedure Manual, for clients 14 years and younger there must have been a check in the previous 12 months.

## Key Comments (provided by the health service management)

Enablers:

Barriers:

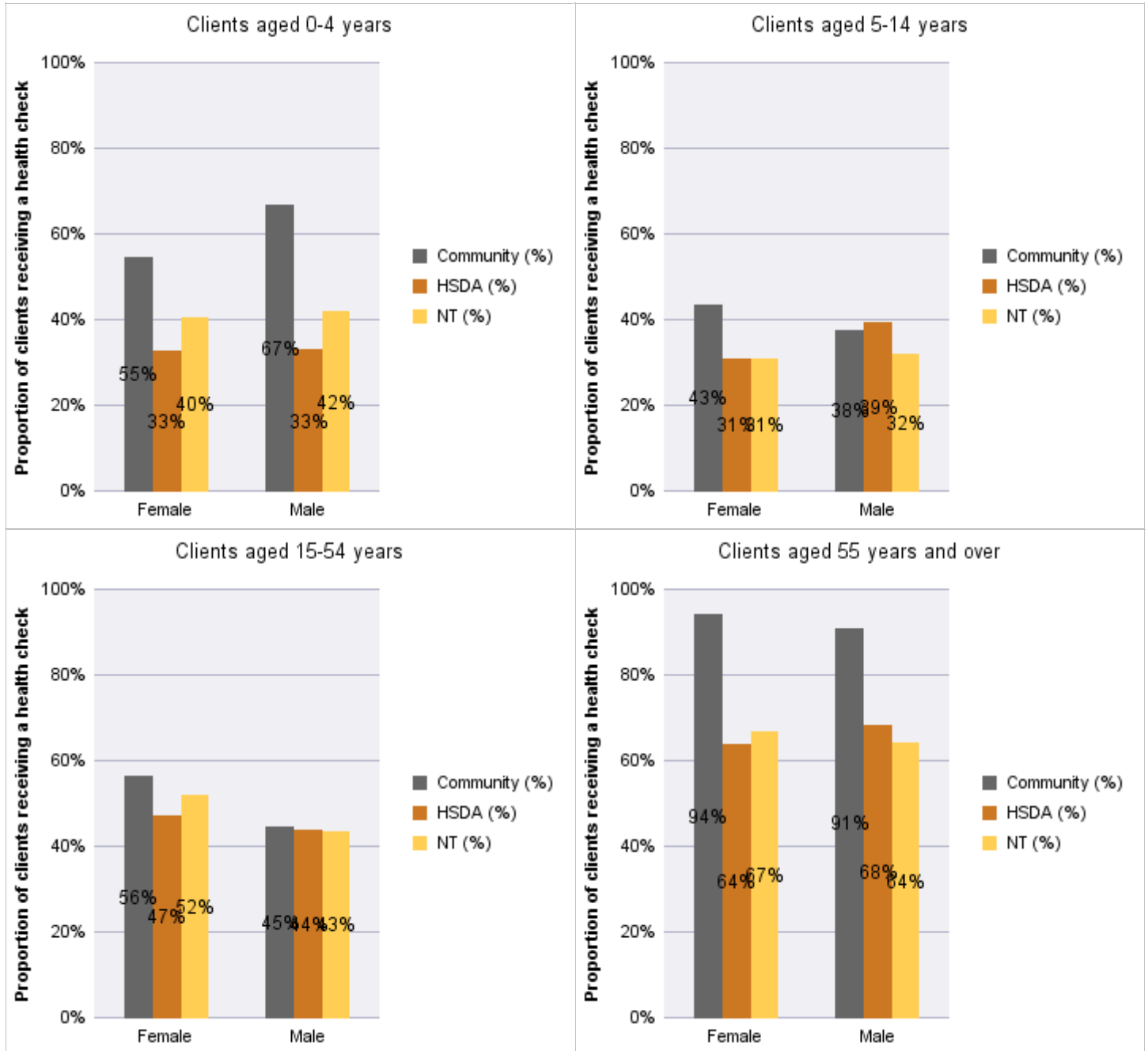
Ideas for Improvement:

Issues questions:

## AHKPI 1.10 - Health Check

Sample Community - for period 01 July 2024 to 30 June 2025

Figure 1.10a Proportion of resident Aboriginal clients who have a completed health check by sex



AGE 0-4 -- Reporting Year(s)	2020	2021	2022	2023	2024
Population (Denominator)	27	28	20	27	29
Health Check Coverage Total	58%	48%	24%	38%	62%
Female completed Health Check	40%	42%	33%	44%	55%
Male completed Health Check	71%	54%	18%	33%	67%
AGE 5-14 -- Reporting Year(s)	2020	2021	2022	2023	2024
Population (Denominator)	42	44	42	46	49
Health Check Coverage Total	40%	14%	10%	20%	40%
Female completed Health Check	30%	19%	9%	23%	43%
Male completed Health Check	53%	10%	11%	18%	38%

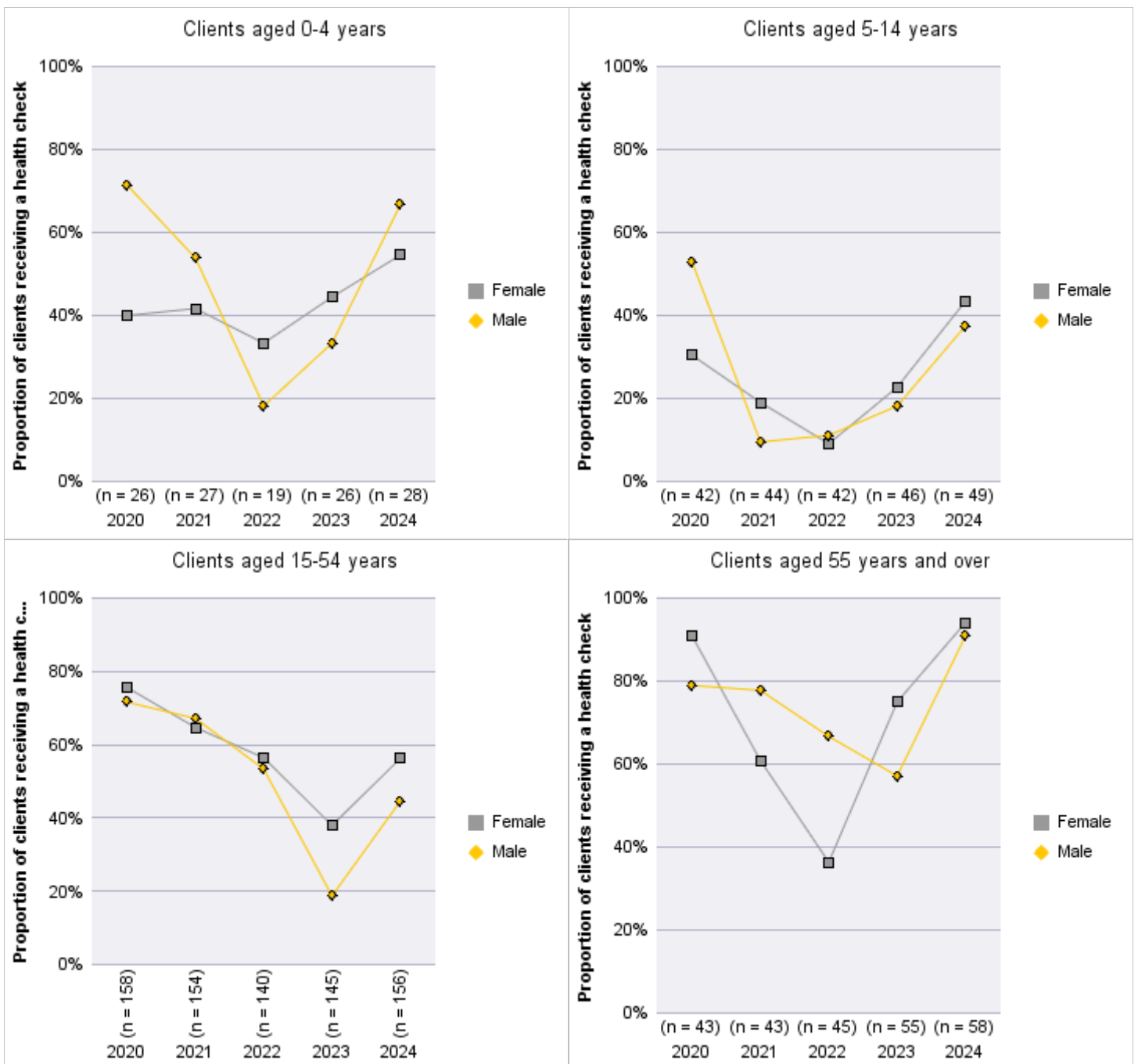
The 0-4 and 5-14 years age groups were introduced into this KPI from FY2018/19 reporting.  
From 2020/21 MBS Item 715 or equivalent MBS item numbers for an Indigenous Health Check.

# AHKPI 1.10 - Health Check

Sample Community - for period 01 July 2024 to 30 June 2025

AGE 15-54 -- Reporting Year(s)	2020	2021	2022	2023	2024
Population (Denominator)	158	154	140	145	156
Health Check Coverage Total	74%	66%	55%	29%	51%
Female completed Health Check	76%	65%	56%	38%	56%
Male completed Health Check	72%	67%	53%	19%	45%
AGE 55+ -- Reporting Year(s)	2020	2021	2022	2023	2024
Population (Denominator)	44	44	46	56	59
Health Check Coverage Total	85%	68%	51%	68%	93%
Female completed Health Check	91%	61%	36%	75%	94%
Male completed Health Check	79%	78%	67%	57%	91%

Figure 1.10b Trend graphs of resident Aboriginal clients who have a completed health check by sex and reporting year



n = Population (denominator) in each of the tables/graphs above, is the number of clients in each age group.

## AHKPI 1.10 - Health Check

Sample Community - for period 01 July 2024 to 30 June 2025

AHKPI 1.10 Number and proportion of Aboriginal clients who have had a full health check in the recommended timeframe								
Aboriginal Female clients	Age Group							Total
	0-4	5-14	15-24	25-44	45-54	55-64	65+	
Completed Health Check	6	9	11	19	15	19	13	92
% Completed Health Check	55%	39%	46%	50%	83%	95%	93%	62%
Completed ALT Health Check	0	1	0	0	0	0	0	1
% Completed ALT Health Check	0%	4%	0%	0%	0%	0%	0%	1%
Number of resident clients	2,820	6,245	7,039	11,788	4,294	3,038	1,987	37,199
Aboriginal Male clients	Age Group							Total
	0-4	5-14	15-24	25-44	45-54	55-64	65+	
Completed Health Check	10	9	6	14	13	12	8	72
% Completed Health Check	67%	38%	38%	38%	62%	92%	89%	53%
Completed ALT Health Check	0	0	0	0	0	0	0	0
% Completed ALT Health Check	0%	0%	0%	0%	0%	0%	0%	0%
Number of resident clients	3,059	6,696	6,293	9,717	3,755	2,679	1,414	33,601
Total ALL	Age Group							Total
	0-4	5-14	15-24	25-44	45-54	55-64	65+	
Completed Health Check	16	18	17	33	28	31	21	164
% Completed Health Check	62%	38%	43%	44%	72%	94%	91%	58%
Completed ALT Health Check	0	1	0	0	0	0	0	1
% Completed ALT Health Check	0%	2%	0%	0%	0%	0%	0%	0%
Number of resident clients	5,877	12,939	13,330	21,503	8,047	5,715	3,399	70,798

# AHKPI 1.12 - Cervical Screening

Sample Community - for period 01 July 2024 to 30 June 2025

## Rationale

From FY2021/22 report, the four year data has been excluded from the report, and six year data added. The current screening regime (five yearly for normal results) was commenced in December 2017. Therefore women screened from that date require a five yearly screen. Women who last had a screening test between 1st July 2017 and 30th November 2017 will be falsely classified as up to date using a five year interval and should be separately recalled. This issue will be resolved in the next reporting period. A six year interval has been added to include women who may have had a screen in just over 5 years as the majority of women will not get a screening test exactly on the due date. This indicator will not undergo further changes unless the current screening recommendations change.

## Known Data Quality Issues (provided by the system team)

This KPI data are extracted from the PCIS dataset and reflects the proportion of women who have received a pap smear within two, three and five years as of the 2013 Financial report.

## Key Comments (provided by the health service management)

Enablers:

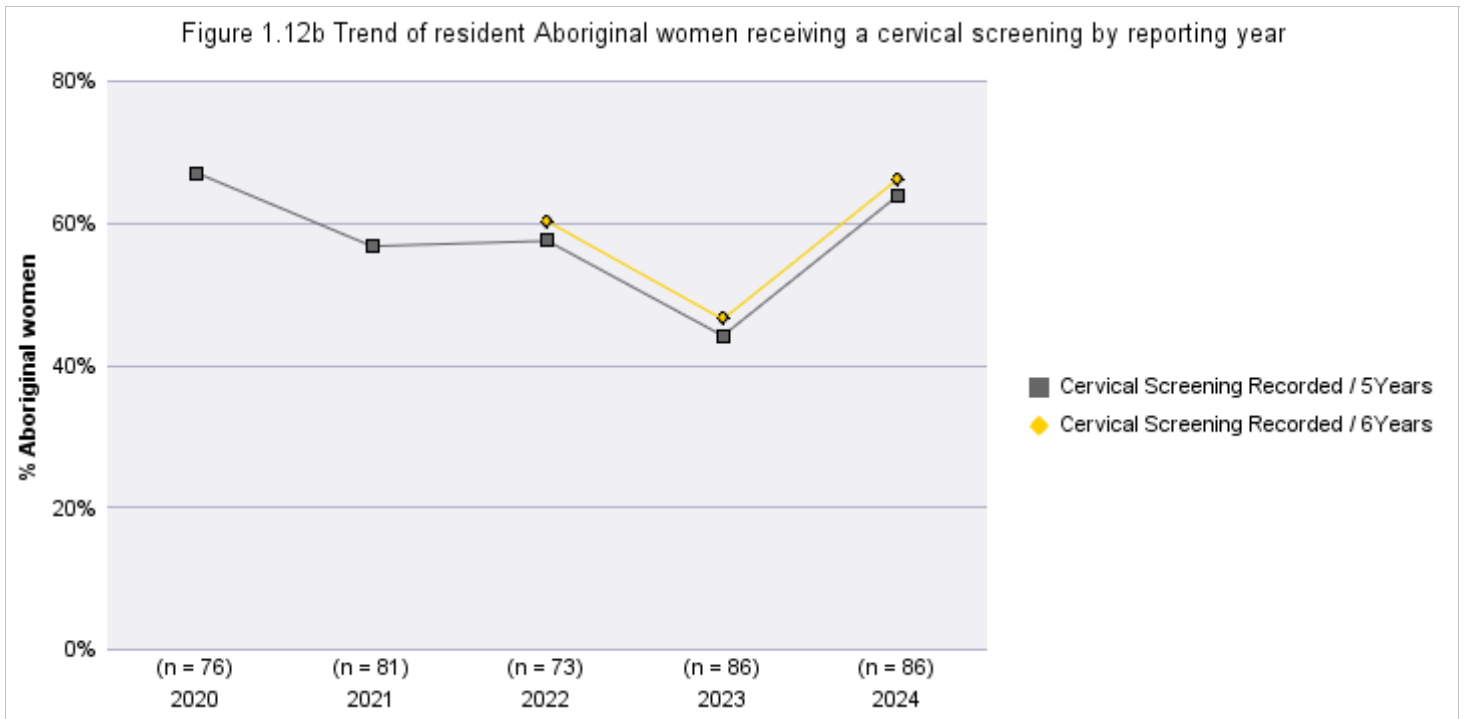
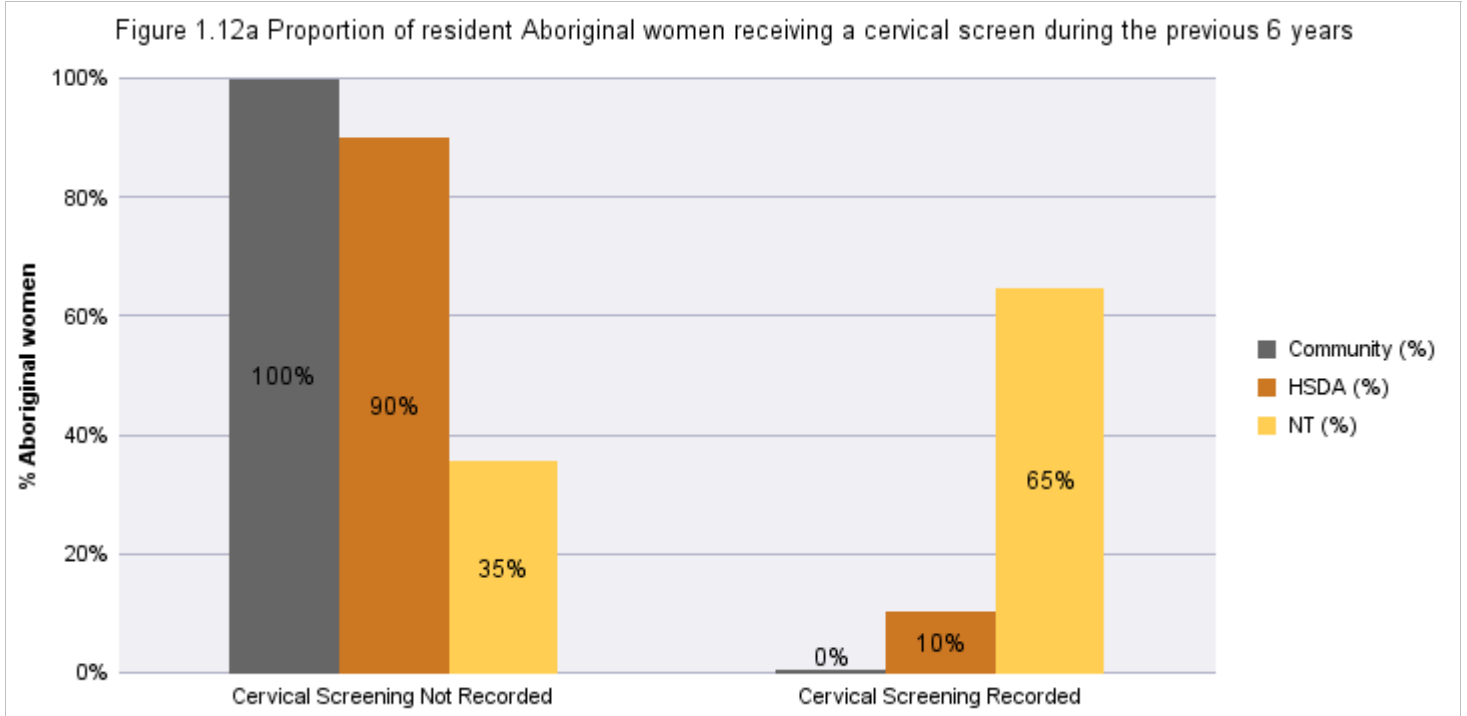
Barriers:

Ideas for Improvement:

Issues questions:

## AHKPI 1.12 - Cervical Screening

Sample Community - for period 01 July 2024 to 30 June 2025



Reporting Year(s)	2020	2021	2022	2023	2024
Population (Denominator)	76	81	73	86	86
Cervical Screening Recorded 5 Years	67%	57%	58%	44%	64%
Cervical Screening Recorded 6 Years	N/A	N/A	60%	47%	66%

*n = Population (denominator) is the number of resident Aboriginal women who were aged 25 to 74 years inclusive. From 2021/22, removal of 4 years reporting, and addition of 6 years reporting.*

## AHKPI 1.12 - Cervical Screening

Sample Community - for period 01 July 2024 to 30 June 2025

AHKPI 1.12 Number and proportion of women who have had at least one Cervical Screening test during reporting period								
Aboriginal women	Age Group							
	25-34		35-49		50-74		Total	
Cervical Screening recorded 5 Years	11	0%	23	0%	21	0%	55	0%
Cervical Screening recorded 6 Years	11	0%	25	0%	21	0%	57	0%
Number of Aboriginal women	6,345		7,610		6,627		20,578	
non-Aboriginal women	Age Group							
	25-34		35-49		50-74		Total	
Cervical Screening recorded 5 Years	0	0%	0	0%	1	0%	1	0%
Cervical Screening recorded 6 Years	0	0%	0	0%	1	0%	1	0%
Number of non-Aboriginal women	1,190		1,136		1,305		3,627	
ALL Women	Age Group							
	25-34		35-49		50-74		Total	
Total number of women	7,533		8,744		7,930		24,203	

# AHKPI 1.13 - Blood Pressure Control

Sample Community - for period 01 July 2024 to 30 June 2025

## Rationale

Good control of Blood Pressure with diabetes reduces the incidence of cardiovascular disease and delays the progression of renal disease.

## Known Data Quality Issues (provided by the system team)

*No specific data anomalies to assist interpretation of this KPI*

## Key Comments (provided by the health service management)

Enablers:

Barriers:

Ideas for Improvement:

Issues questions:

## AHKPI 1.13 - Blood Pressure Control

Sample Community - for period 01 July 2024 to 30 June 2025

Figure 1.13a Proportion of resident Aboriginal clients aged 15 and over who have type 2 diabetes, who have had a blood pressure recorded and having good blood pressure control during the previous 6 months

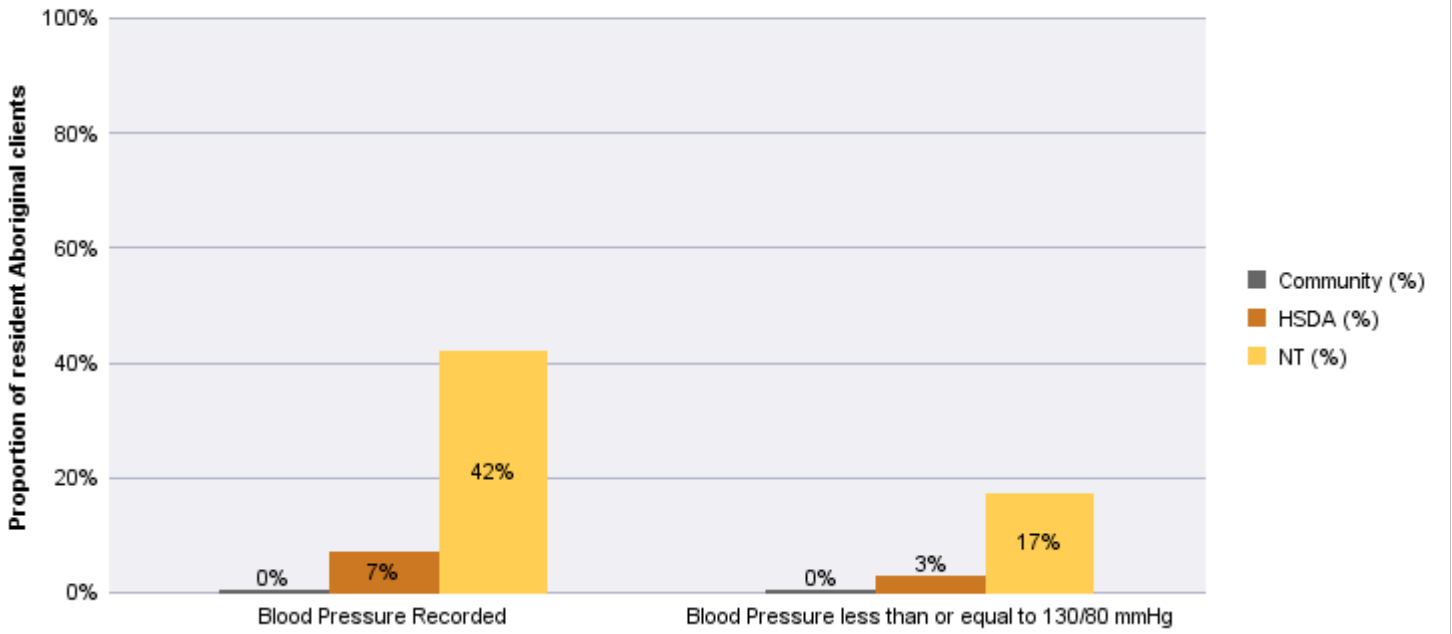
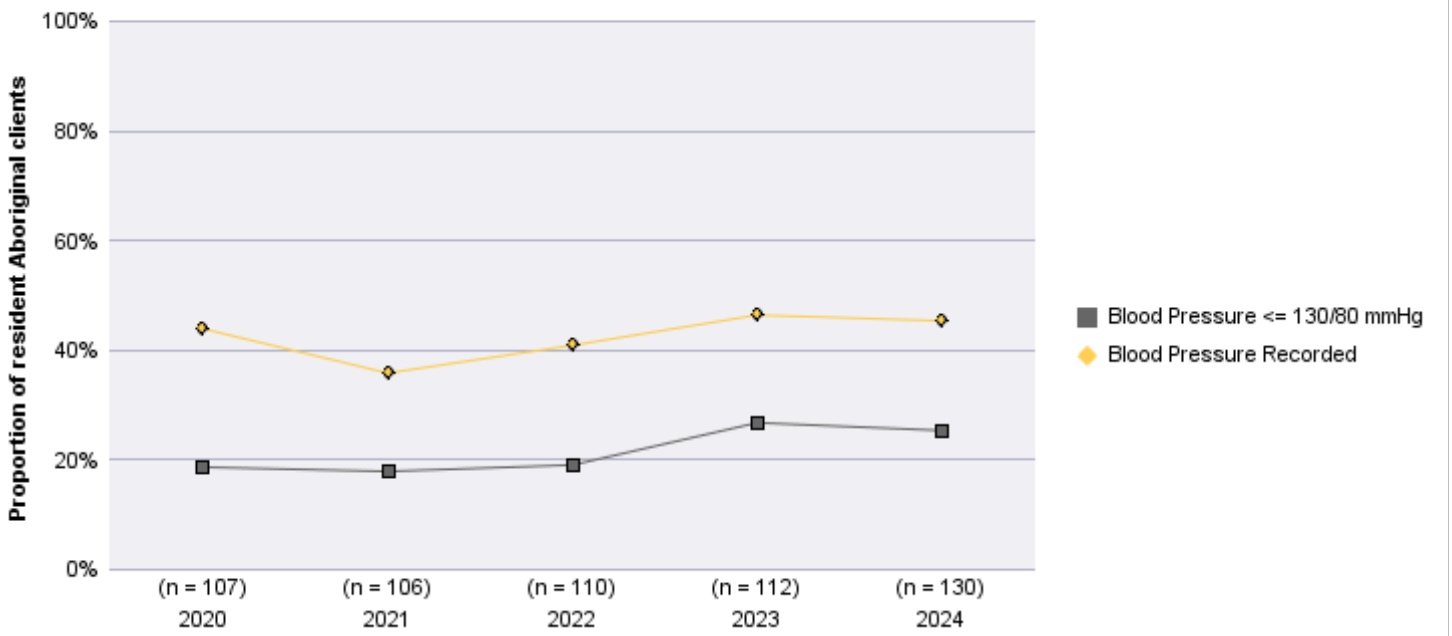


Figure 1.13b Trend of resident Aboriginal clients aged 15 and over who have type 2 diabetes, who have had a blood pressure recorded and having good blood pressure control by reporting year



Reporting Year(s)	2020	2021	2022	2023	2024
<b>Population (Denominator)</b>	107	106	110	112	<b>130</b>
<b>Coverage</b>	107	106	110	112	<b>130</b>
<b>Blood Pressure Recorded</b>	44%	36%	41%	46%	<b>45%</b>
<b>Blood Pressure less than or equal to 130/80</b>	19%	18%	19%	27%	<b>25%</b>

*n = Population (denominator) is the number of resident Aboriginal clients who have type 2 diabetes. Coverage is the number of resident Aboriginal clients with type 2 diabetes who have had a blood pressure recorded within a 6 month period.*

## AHKPI 1.13 - Blood Pressure Control

Sample Community - for period 01 July 2024 to 30 June 2025

<b>AHKPI 1.13 Number and proportion of Aboriginal resident clients who have diabetes type 2 and who have good BP control within 6 month period</b>					
<b>Aboriginal Female clients</b>	<b>Age Group</b>				<b>Total</b>
	<b>15-24</b>	<b>25-44</b>	<b>45-64</b>	<b>65+</b>	
<b>Blood Pressure Recorded</b>	1	9	22	7	39
<b>% of Blood Pressure Recorded</b>	0%	0%	0%	0%	0%
<b>Blood Pressure less than or equal to 130/80 mmHg</b>	0	6	15	5	26
<b>% of Blood Pressure less than or equal to 130/80 mmHg</b>	0%	0%	0%	0%	0%
<b>Number of Aboriginal Female clients</b>	<b>242</b>	<b>2,099</b>	<b>3,295</b>	<b>1,120</b>	<b>6,750</b>
<b>Aboriginal Male clients</b>	<b>Age Group</b>				<b>Total</b>
	<b>15-24</b>	<b>25-44</b>	<b>45-64</b>	<b>65+</b>	
<b>Blood Pressure Recorded</b>	0	4	12	4	20
<b>% of Blood Pressure Recorded</b>	0%	0%	0%	0%	0%
<b>Blood Pressure less than or equal to 130/80 mmHg</b>	0	1	3	3	7
<b>% of Blood Pressure less than or equal to 130/80 mmHg</b>	0%	0%	0%	0%	0%
<b>Number of Aboriginal Male clients</b>	<b>125</b>	<b>1,077</b>	<b>2,256</b>	<b>650</b>	<b>4,103</b>
<b>Total ALL</b>	<b>Age Group</b>				<b>Total</b>
	<b>15-24</b>	<b>25-44</b>	<b>45-64</b>	<b>65+</b>	
<b>Blood Pressure Recorded</b>	1	13	34	11	59
<b>% of - Blood Pressure Recorded</b>	0%	0%	0%	0%	0%
<b>Blood Pressure less than or equal to 130/80 mmHg</b>	0	7	18	8	33
<b>% of - Blood Pressure less than or equal to 130/80 mmHg</b>	0%	0%	0%	0%	0%
<b>Number of clients</b>	<b>366</b>	<b>3,174</b>	<b>5,549</b>	<b>1,768</b>	<b>10,851</b>

*The percentage of blood pressure recorded ratio is the number of resident clients measured for blood pressure in the reporting period by the resident population.*

*The percentage of good blood pressure control ratio is the number of resident clients who have blood pressure result less than 130/80 mmHg at their most recent measure by the number of resident clients measured for blood pressure in the reporting period by the resident population.*

## AHKPI 1.14 - eGFR/ACR test recorded

Sample Community - for period 01 July 2024 to 30 June 2025

### Rationale

Early detection and appropriate treatment of renal disease slows down the progression of renal disease and delays the need for dialysis. Estimating the burden of renal disease through Aboriginal PHC will also assist in long term health planning dialysis facilities. The presentation of this indicator has been changed to highlight population screening for renal disease as the key outcome..This indicator reports on screening for undiagnosed renal disease and also includes people who are being monitored for previously diagnosed renal disease.

Correct population screening requires two tests to be completed ( egfr and urine ACR from age 31). CARPA guidelines require two abnormal tests (either urine ACR or eGFR) 3 months apart to diagnose CKD for the first time. This indicator only requires one test and therefore risk levels are given rather than a confirmed diagnosis of CKD. Confirmation of a new diagnosis of CKD will require further review of results to ensure there have been two abnormal test results at least 3 months apart. However this indicator will provide a useful approximation of the burden of CKD.

For patients with already diagnosed CKD, egfr should be monitored regularly, but an ACR may not always be clinically required- for instance where there is already confirmed macroalbuminuria or where more definitive tests of urinary protein excretion are being undertaken.

### Known Data Quality Issues (provided by the system team)

This KPI was introduced as of the Financial 2014/15 report, and is extracted from PCIS dataset. This indicator reports proportion of clients at risk from Chronic Kidney Disease based on eGFR and/or ACR screening according to CARPA.

### Key Comments (provided by the health service management)

Enablers:

Barriers:

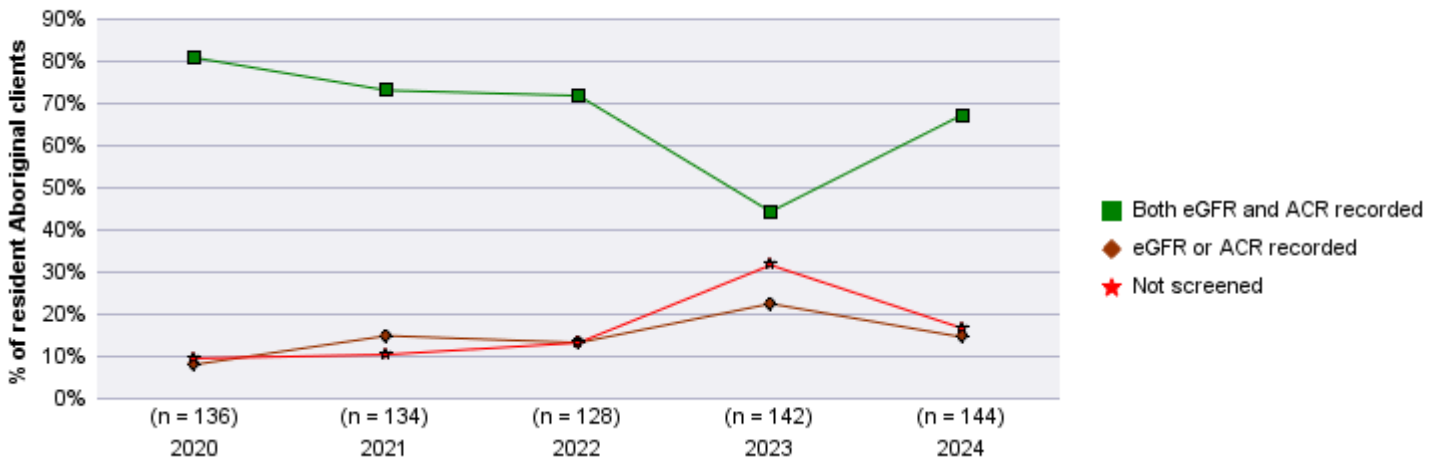
Ideas for Improvement:

Issues questions:

## AHKPI 1.14 - eGFR/ACR test recorded

Sample Community - for period 01 July 2024 to 30 June 2025

Figure 1.14a Trend of resident Aboriginal clients who have had renal screening test recorded during the previous 2 years



Reporting Year(s)	2020	2021	2022	2023	2024
<b>Population (Denominator)</b>	136	134	128	142	144
<b>Both eGFR and ACR recorded</b>	81%	73%	72%	44%	67%
<b>eGFR or ACR recorded</b>	8%	15%	13%	23%	15%
<b>Not screened</b>	10%	10%	13%	32%	17%

*n* = Population (denominator) is the number of Aboriginal clients aged 31 years and over who are eligible for renal screening in the previous 24 months.  
*m* = Population (denominator) is the number of Aboriginal clients aged 31 years and over who have had at least one test result (eGFR or ACR) recorded in the previous 24 months.

Note:- severe risk can be defined by one test only but best practice is usually to do both eGFR/ACR tests.

Figure 1.14b Trend of resident Aboriginal clients who have had one or more eGFR/ACR test recorded by reporting year

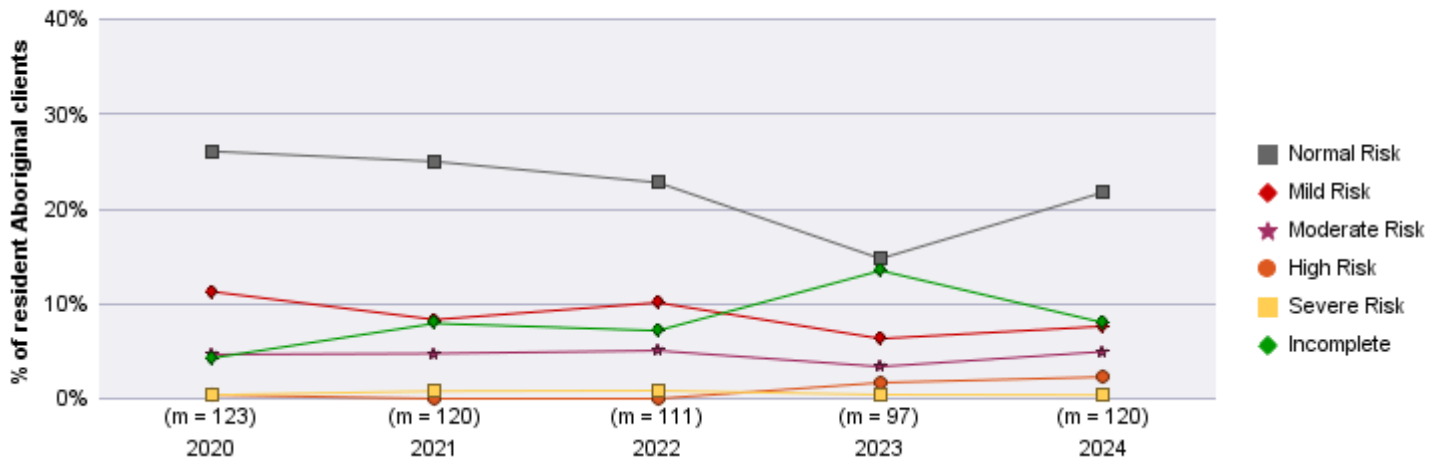
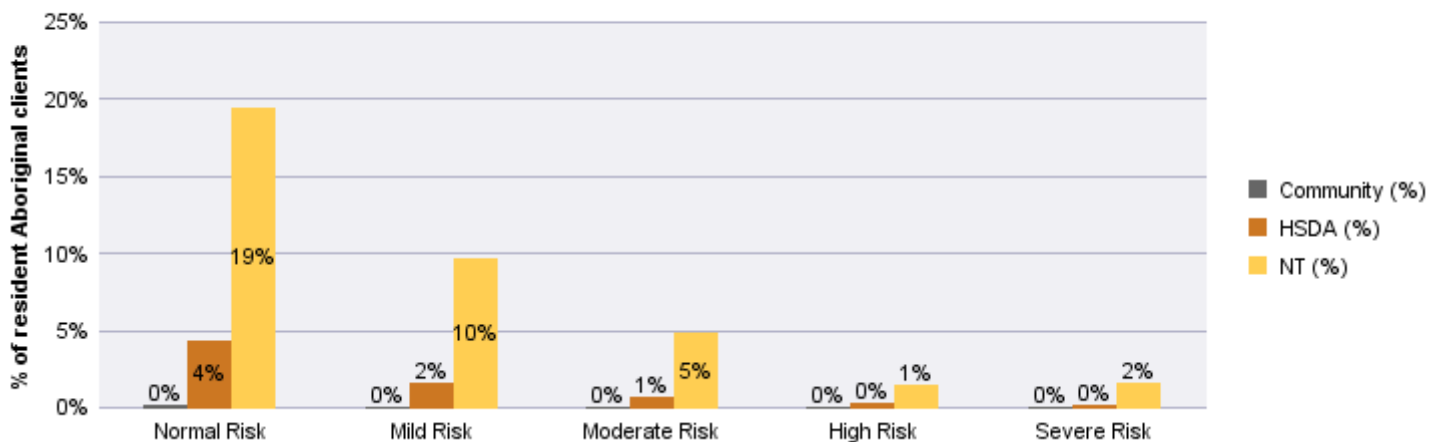


Figure 1.14c Proportion of resident Aboriginal clients who have had one or more eGFR/ACR test recorded during the previous 2 years



## AHKPI 1.14 - eGFR/ACR test recorded

Sample Community - for period 01 July 2024 to 30 June 2025

**AHKPI 1.14 The number of Aboriginal clients who are residents, who are 31 years old and over and who have an eGFR and/or ACR test result recorded within the previous 24 months**

Aboriginal clients		Age Group						Total (%)	
		31-44		45-64		65+			
Female	Both eGFR and ACR recorded	18	0%	32	0%	4	0%	54	0%
	eGFR or ACR recorded	2	0%	2	0%	8	0%	12	0%
	Not screened	2,173	27%	1,649	22%	381	19%	4,203	24%
	eGFR/ACR Test Normal Risk	13	0%	19	0%	1	0%	33	0%
	eGFR/ACR Test Mild Risk	2	0%	6	0%	0	0%	8	0%
	eGFR/ACR Test Moderate Risk	2	0%	4	0%	2	0%	8	0%
	eGFR/ACR Test High Risk	1	0%	2	0%	1	0%	4	0%
	eGFR/ACR Test Severe Risk	0	0%	1	0%	0	0%	1	0%
eGFR/ACR Test Incomplete	2	0%	2	0%	8	0%	12	0%	
<b>Total number of Aboriginal Female clients who have an ACR or eGFR test recorded</b>		<b>5,761</b>		<b>5,681</b>		<b>1,606</b>		<b>13,044</b>	
<b>% of clients who have an ACR or eGFR test recorded</b>		<b>73%</b>		<b>78%</b>		<b>81%</b>		<b>76%</b>	
<b>Total number of Aboriginal Female clients who are 31 years and over</b>		<b>7,934</b>		<b>7,330</b>		<b>1,987</b>		<b>17,247</b>	
Aboriginal clients		Age Group						Total (%)	
		31-44		45-64		65+			
Male	Both eGFR and ACR recorded	12	0%	25	0%	6	0%	43	0%
	eGFR or ACR recorded	3	0%	4	0%	2	0%	9	0%
	Not screened	2,392	36%	1,643	26%	270	19%	4,305	30%
	eGFR/ACR Test Normal Risk	9	0%	13	0%	2	0%	24	0%
	eGFR/ACR Test Mild Risk	3	0%	7	0%	2	0%	12	0%
	eGFR/ACR Test Moderate Risk	0	0%	4	0%	1	0%	5	0%
	eGFR/ACR Test High Risk	0	0%	1	0%	1	0%	2	0%
	eGFR/ACR Test Severe Risk	0	0%	0	0%	0	0%	0	0%
eGFR/ACR Test Incomplete	3	0%	4	0%	2	0%	9	0%	
<b>Total number of Aboriginal Male clients who have an ACR or eGFR test recorded</b>		<b>4,253</b>		<b>4,788</b>		<b>1,143</b>		<b>10,180</b>	
<b>% of clients who have an ACR or eGFR test recorded</b>		<b>64%</b>		<b>74%</b>		<b>81%</b>		<b>70%</b>	
<b>Total number of Aboriginal Male clients who are 31 years and over</b>		<b>6,645</b>		<b>6,431</b>		<b>1,413</b>		<b>14,485</b>	

## AHKPI 1.14 - eGFR/ACR test recorded

Sample Community - for period 01 July 2024 to 30 June 2025

ALL clients	Age Group						Total (%)	
	31-44		45-64		65+			
<b>Both eGFR and ACR recorded</b>	30	0%	57	0%	10	0%	97	0%
<b>eGFR or ACR recorded</b>	5	0%	6	0%	10	0%	21	0%
<b>Not screened</b>	4,566	31%	3,292	24%	651	19%	8,509	27%
<b>eGFR/ACR Test Normal Risk</b>	22	0%	32	0%	3	0%	57	0%
<b>eGFR/ACR Test Mild Risk</b>	5	0%	13	0%	2	0%	20	0%
<b>eGFR/ACR Test Moderate Risk</b>	2	0%	8	0%	3	0%	13	0%
<b>eGFR/ACR Test High Risk</b>	1	0%	3	0%	2	0%	6	0%
<b>eGFR/ACR Test Severe Risk</b>	0	0%	1	0%	0	0%	1	0%
<b>eGFR/ACR Test Incomplete</b>	5	0%	6	0%	10	0%	21	0%
<b>Total number of ALL Aboriginal clients who have an ACR or eGFR test</b>	<b>10,017</b>		<b>10,467</b>		<b>2,747</b>		<b>23,227</b>	
<b>% of clients who have an ACR or eGFR test recorded</b>	<b>69%</b>		<b>76%</b>		<b>81%</b>		<b>73%</b>	
<b>Total number of ALL Aboriginal clients who are 31 years and over</b>	<b>14,583</b>		<b>13,759</b>		<b>3,398</b>		<b>31,736</b>	

# AHKPI 1.15 - Rheumatic Heart Disease

Sample Community - for period 01 July 2024 to 30 June 2025

## Rationale

Penicillin secondary prophylaxis is currently the most cost effective intervention in preventing a recurrence of Acute Rheumatic fever and the subsequent development of Rheumatic heart disease with the risk of significant damage to heart valves.

As from the Financial Year 2014/15 report this KPI has been updated to include the proportion of people who received 50-80% of injections as well as the proportion of people who received >80%. It is important to note that people who receive 50-80% of injections are not adequately protected and are at risk of recurrences. However, providing additional information may assist with CQI efforts in that it will determine the proportion of people who require some additional effort to increase the proportion of injections given and the proportion of people who are receiving a low proportion of their injections and may require a different approach.

## Known Data Quality Issues (provided by the system team)

From the Calendar Year 2016 report this KPI will review the diagnose date of Rheumatic Heart Disease, if the date is less than the report end date the client will be assessed against an injection schedule. As of the Financial Year 2014/15 report this KPI has been updated to include breakdown of injections. As of the 2014 Financial report this KPI was updated to include all age groups. This KPI was introduced as of the 2013 Financial Year report and from Calendar Year 2013 report the data will be extracted from the PCIS reporting environment.

## Key Comments (provided by the health service management)

Enablers:

Barriers:

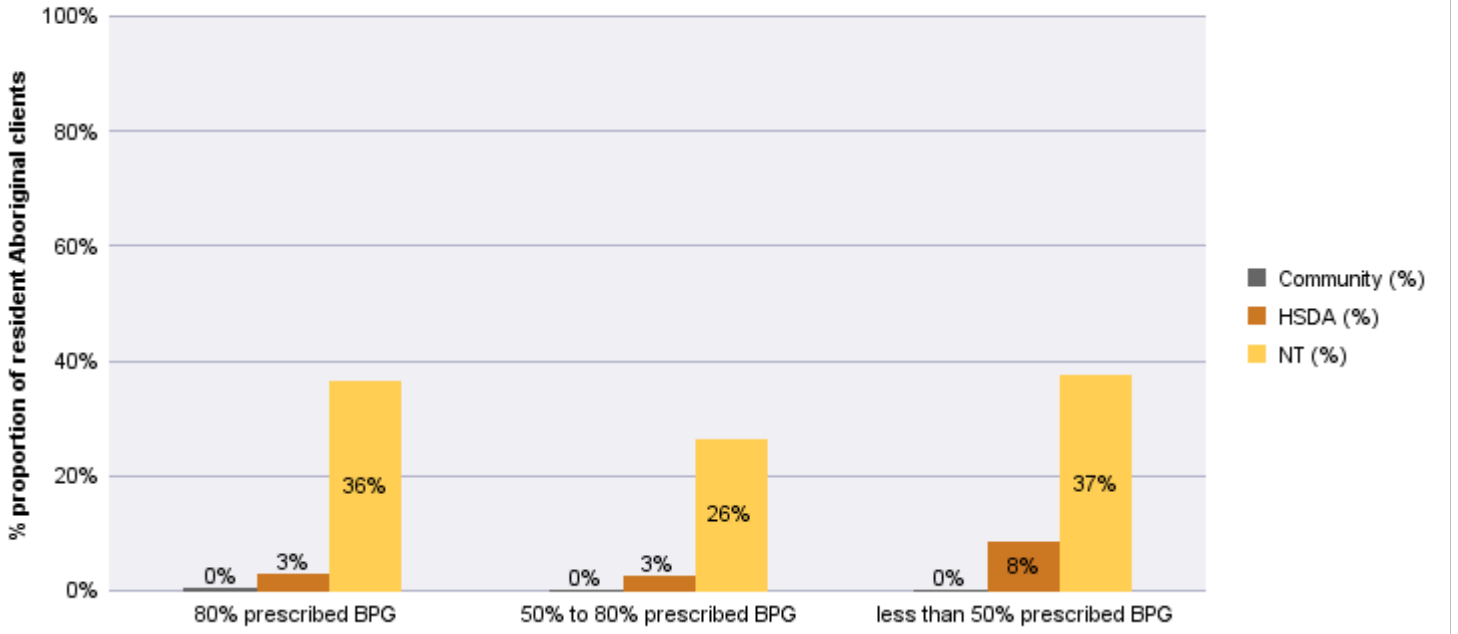
Ideas for Improvement:

Issues questions:

# AHKPI 1.15 - Rheumatic Heart Disease

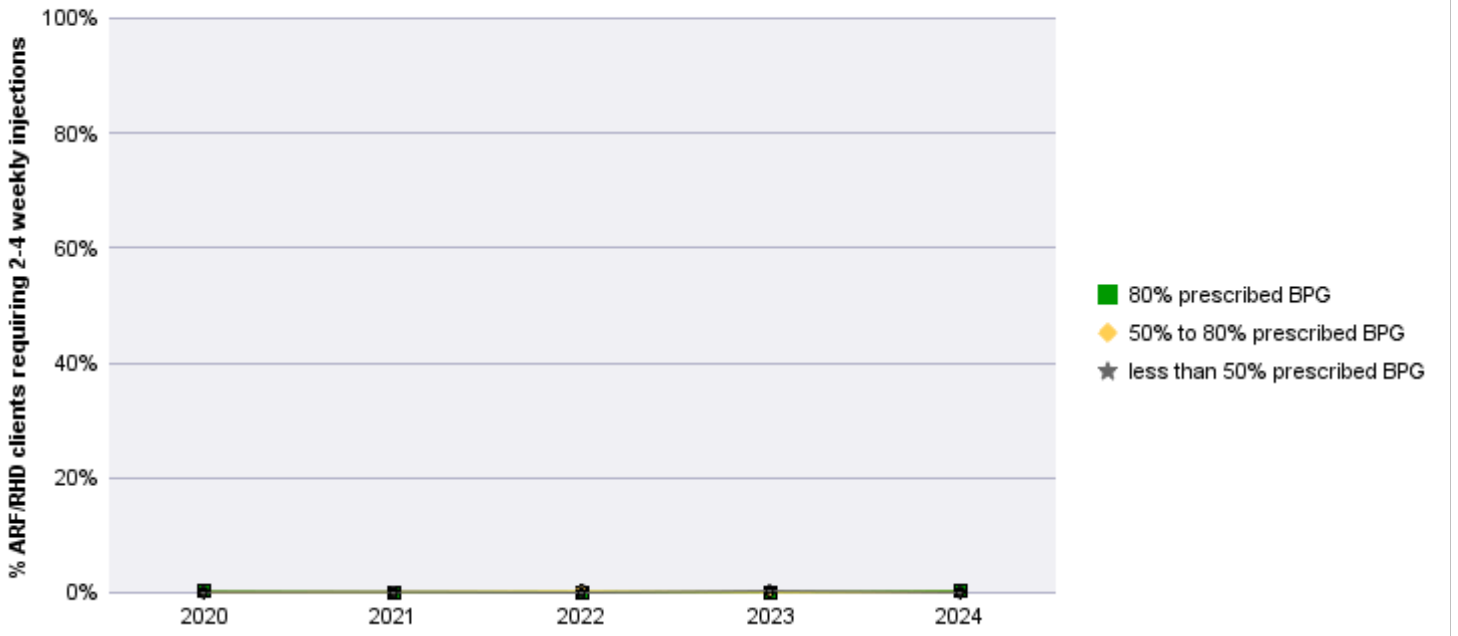
Sample Community - for period 01 July 2024 to 30 June 2025

Figure 1.15a Proportion of resident Aboriginal ARF/RHD clients who are prescribed to be requiring 2-4 weekly BPG Penicillin Prophylaxis and have received injections during the previous 1 year



n = Population (denominator) is the number of Aboriginal ARF/RHD clients.

Figure 1.15b Trend of resident Aboriginal ARF/RHD clients who are prescribed to be requiring 2-4 weekly BPG Penicillin Prophylaxis and have received injections by reporting year



n = Population (denominator) is the number of Aboriginal ARF/RHD clients.

Reporting Year(s)	2020	2021	2022	2023	2024
<b>Population (Denominator)</b>	2,013	2,171	2,193	2,233	<b>2,286</b>
Clients with ARF/RHD receiving 50% to 80% prescribed BPG	0%	0%	0%	0%	<b>0%</b>
Clients with ARF/RHD receiving 80% prescribed BPG	0%	0%	0%	0%	<b>0%</b>
Clients with ARF/RHD receiving less than 50% prescribed BPG	0%	0%	N/A	0%	<b>0%</b>

## AHKPI 1.15 - Rheumatic Heart Disease

Sample Community - for period 01 July 2024 to 30 June 2025

### AHKPI 1.15 Number and proportion of Aboriginal ARF / RHD clients who are prescribed to be requiring 2-4 weekly BPG Penicillin Prophylaxis and have received injections over a 12 month period

Aboriginal Female clients	Age Group						Total
	0-4	5-14	15-24	25-44	45-64	65+	
Clients with ARF/RHD receiving 50% to 80% prescribed BPG	0 0%	0 0%	0 0%	1 0%	1 1%	0 0%	2 0%
Clients with ARF/RHD receiving 80% prescribed BPG	0 0%	2 1%	1 0%	2 0%	0 0%	0 0%	5 0%
Clients with ARF/RHD receiving less than 50% prescribed BPG	0 0%	0 0%	0 0%	0 0%	1 1%	0 0%	1 0%
<b>Number of Aboriginal Female clients</b>	<b>5</b>	<b>253</b>	<b>417</b>	<b>641</b>	<b>112</b>	<b>7</b>	<b>1,427</b>
Aboriginal Male clients	Age Group						Total
	0-4	5-14	15-24	25-44	45-64	65+	
Clients with ARF/RHD receiving 50% to 80% prescribed BPG	0 0%	1 0%	0 0%	0 0%	0 0%	0 0%	1 0%
Clients with ARF/RHD receiving 80% prescribed BPG	0 0%	1 0%	1 0%	0 0%	0 0%	1 20%	3 0%
Clients with ARF/RHD receiving less than 50% prescribed BPG	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
<b>Number of Aboriginal Male clients</b>	<b>8</b>	<b>247</b>	<b>354</b>	<b>217</b>	<b>36</b>	<b>5</b>	<b>860</b>
Total ALL	Age Group						Total
	0-4	5-14	15-24	25-44	45-64	65+	
Clients with ARF/RHD receiving 50% to 80% prescribed BPG	0 0%	1 0%	0 0%	1 0%	1 1%	0 0%	3 0%
Clients with ARF/RHD receiving 80% prescribed BPG	0 0%	3 1%	2 0%	2 0%	0 0%	1 9%	8 0%
Clients with ARF/RHD receiving less than 50% prescribed BPG	0 0%	0 0%	0 0%	0 0%	1 1%	0 0%	1 0%
<b>Number of Aboriginal clients</b>	<b>12</b>	<b>498</b>	<b>769</b>	<b>857</b>	<b>147</b>	<b>11</b>	<b>2,285</b>

*Clients who require 2 or 3 weekly injections will be included in the numerator and denominator but for the purpose of this indicator, the number of injections required will be 13 per year for all ARF/RHD clients.*

*Client with an ARF/RHD diagnosis date prior or equal to the report period start date are to be calculated against a 12 month period. Clients with an ARF/RHD diagnosis date after the report period start date are to be calculated as requiring injections based on number of completed months between the diagnosis date and the report period end date.*

# AHKPI 1.16 - Smoking status recorded

Sample Community - for period 01 July 2024 to 30 June 2025

## Rationale

Tobacco use is the single most important modifiable factor contributing to the chronic disease burden and life expectancy gap between Aboriginal and non Aboriginal people. Evidence shows that brief interventions can make a significant population health difference to tobacco related morbidity at a population health level.

Ex-smokers have been further classified according to the length of time of quitting (less than 12 months and more than 12 months). This is because more recent quitters should be targeted for frequent relapse prevention advice as they are at higher risk of relapse compared to longer term quitters. Also, ex-smokers of < 12 months are classified as equivalent to smokers for the purpose of calculating cardiovascular risk.

This indicator now includes proportion screened with age and sex disaggregation.

## Known Data Quality Issues (provided by the system team)

From the Financial Year 2015/16 this KPI will require clients to have a smoking status review within two years. This KPI was introduced as of the Financial 2014/15 report, and is extracted from PCIS dataset. This indicator reports proportion of clients who have a smoking status recorded.

## Key Comments (provided by the health service management)

Enablers:

Barriers:

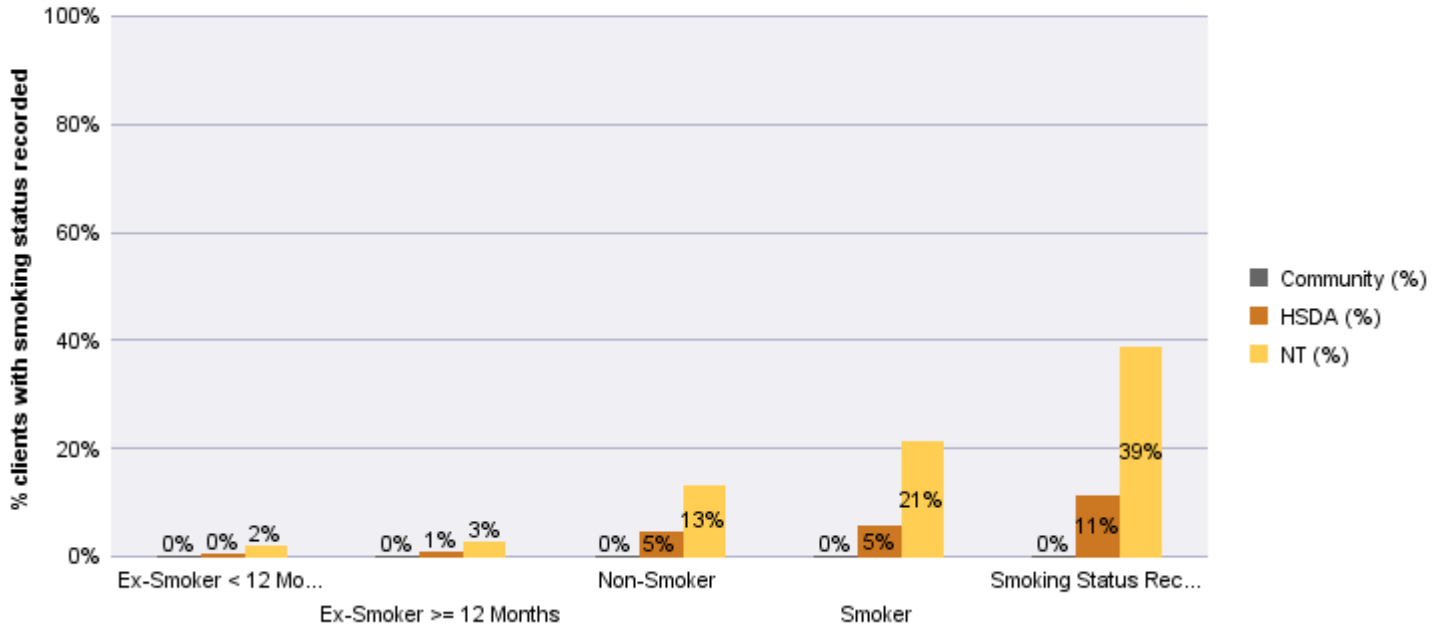
Ideas for Improvement:

Issues questions:

# AHKPI 1.16 - Smoking status recorded

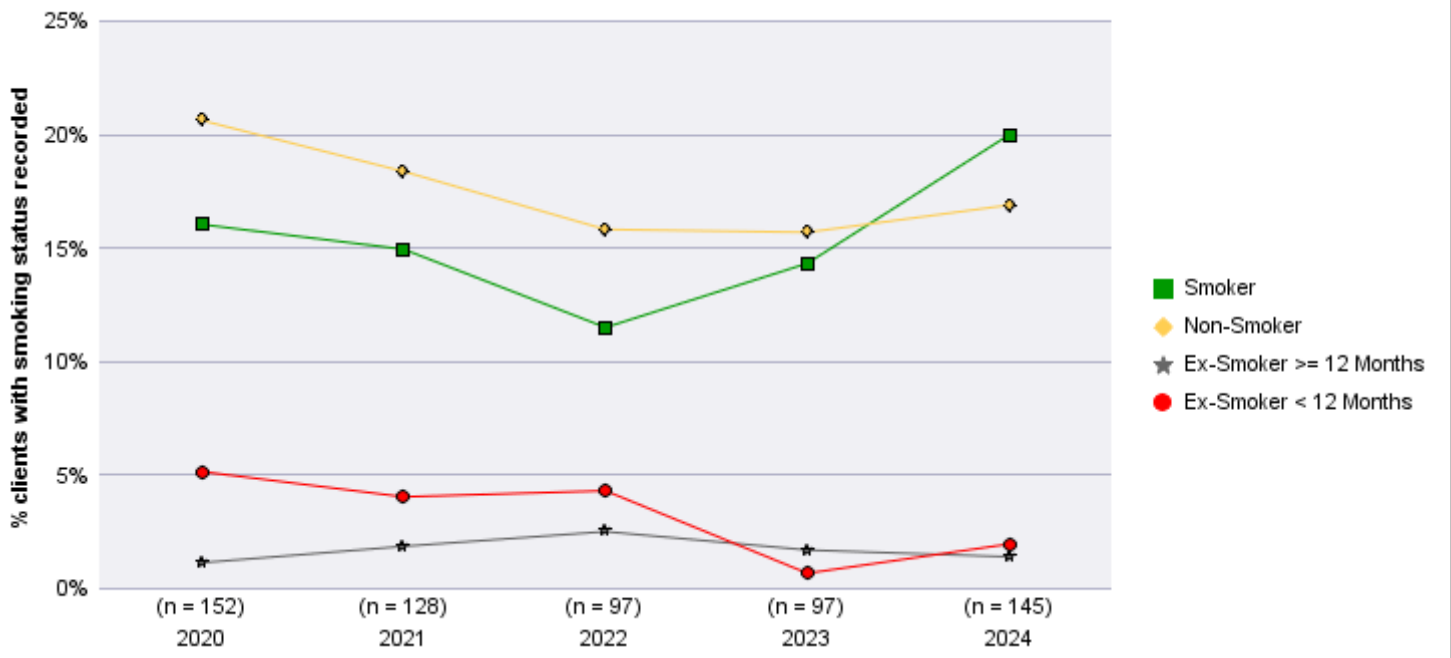
Sample Community - for period 01 July 2024 to 30 June 2025

Figure 1.16a Proportion of resident clients aged 15 years and over who have had their smoking status recorded during the previous 2 years



n = Population (denominator) is the number of Aboriginal clients aged 15 and over whose smoking status has been recorded

Figure 1.16b Trend of resident clients aged 15 years and over who have had their smoking status recorded by reporting year



Reporting Year(s)	2020	2021	2022	2023	2024
<b>Population (Denominator)</b>	150	126	95	95	143
<b>Ex-Smoker &lt; 12 Months</b>	5%	4%	4%	1%	2%
<b>Ex-Smoker &gt;= 12 Months</b>	1%	2%	3%	2%	1%
<b>Non-Smoker</b>	21%	18%	16%	16%	17%
<b>Smoker</b>	16%	15%	12%	14%	20%
<b>Smoking Status Recorded</b>	43%	39%	34%	32%	40%

n = Population (denominator) is the number of Aboriginal clients aged 15 and over whose smoking status has been recorded

## AHKPI 1.16 - Smoking status recorded

Sample Community - for period 01 July 2024 to 30 June 2025

AHKPI 1.16 The number of Aboriginal clients who are residents, who are 15 years old and over who have a smoking status recorded											
Aboriginal clients		Age Group								Total (%)	
		15-24		25-44		45-64		65+			
<b>Female</b>	Ex-Smoker < 12 Months	1	0%	1	0%	3	0%	0	0%	5	0%
	Ex-Smoker >= 12 Months	0	0%	1	0%	3	0%	0	0%	4	0%
	Non-Smoker	7	0%	17	0%	21	0%	8	0%	53	0%
	Smoker	8	0%	10	0%	4	0%	0	0%	22	0%
<b>Total number of Aboriginal Female clients who have an smoking status recorded in previous 2 years</b>		<b>16</b>		<b>29</b>		<b>31</b>		<b>8</b>		<b>84</b>	
<b>% of clients who have an smoking status recorded</b>		<b>0%</b>		<b>0%</b>		<b>0%</b>		<b>0%</b>		<b>67%</b>	
<b>Total number of Aboriginal Female clients who are 15 years and over</b>		<b>7,661</b>		<b>12,834</b>		<b>8,255</b>		<b>2,330</b>		<b>31,074</b>	
<b>Male</b>	Ex-Smoker < 12 Months	0	0%	0	0%	1	0%	1	0%	2	0%
	Ex-Smoker >= 12 Months	0	0%	0	0%	1	0%	0	0%	1	0%
	Non-Smoker	2	0%	0	0%	4	0%	1	0%	7	0%
	Smoker	5	0%	20	0%	20	0%	4	0%	49	0%
<b>Total number of Aboriginal Male clients who have an smoking status recorded in previous 2 years</b>		<b>7</b>		<b>20</b>		<b>26</b>		<b>6</b>		<b>59</b>	
<b>% of clients who have an smoking status recorded</b>		<b>0%</b>		<b>0%</b>		<b>0%</b>		<b>0%</b>		<b>59%</b>	
<b>Total number of Aboriginal Male clients who are 15 years and over</b>		<b>6,797</b>		<b>10,394</b>		<b>7,210</b>		<b>1,671</b>		<b>26,066</b>	
ALL clients		Age Group								Total (%)	
		15-24		25-44		45-64		65+			
Ex-Smoker < 12 Months		1	0%	1	0%	4	0%	1	0%	7	0%
Ex-Smoker >= 12 Months		0	0%	1	0%	4	0%	0	0%	5	0%
Non-Smoker		9	0%	17	0%	25	0%	9	0%	60	0%
Smoker		13	0%	30	0%	24	0%	4	0%	71	0%
<b>Total number of ALL Aboriginal clients who have an smoking status recorded in previous 2 years</b>		<b>23</b>		<b>49</b>		<b>57</b>		<b>14</b>		<b>143</b>	
<b>% of clients who have an smoking status recorded</b>		<b>54%</b>		<b>62%</b>		<b>71%</b>		<b>75%</b>		<b>63%</b>	
<b>Total number of ALL Aboriginal clients who are 15 years and over</b>		<b>14,463</b>		<b>23,234</b>		<b>15,463</b>		<b>3,999</b>		<b>57,153</b>	

# AHKPI 1.17 - STI test recorded

Sample Community - for period 01 July 2024 to 30 June 2025

## Rationale

Most Sexually Transmissible Infections (STI) are asymptomatic, therefore infections will only be identified by testing people, with or without symptoms. Increasing the number of people tested is therefore crucial in identifying infections. Early detection and treatment of STIs can reduce transmissions and complications. Full bacterial STI testing requires trichomonas screening so this indicator is only partially assessing compliance with CARPA guidelines. People who have a positive STI test should have a full STI screen including for trichomonas, syphilis and HIV screening.

Monitoring the proportion of people in the age group at risk who have had an STI test enables assessment of the effectiveness of current sexual health service delivery in primary health care and also provides necessary information for interpreting STI epidemiology.

## Known Data Quality Issues (provided by the system team)

From the Calendar Year 2016, clients who have been tested for HIV and Syphilis are also included along with clients who have been tested for chlamydia and gonorrhoea under STI indicator. Earlier, clients only tested for chlamydia and gonorrhoea were counted for STI. This KPI was introduced as of the Financial 2014/15 report, and is extracted from PCIS dataset.

## Key Comments (provided by the health service management)

Enablers:

Barriers:

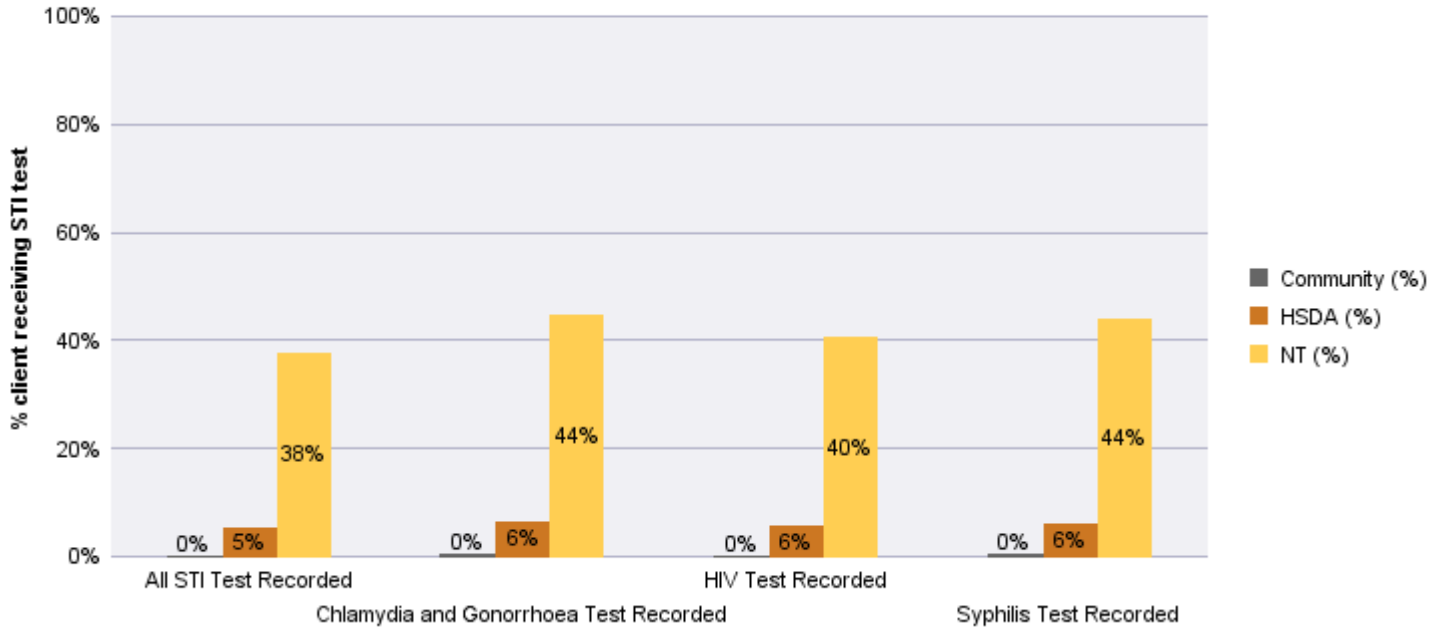
Ideas for Improvement:

Issues questions:

## AHKPI 1.17 - STI test recorded

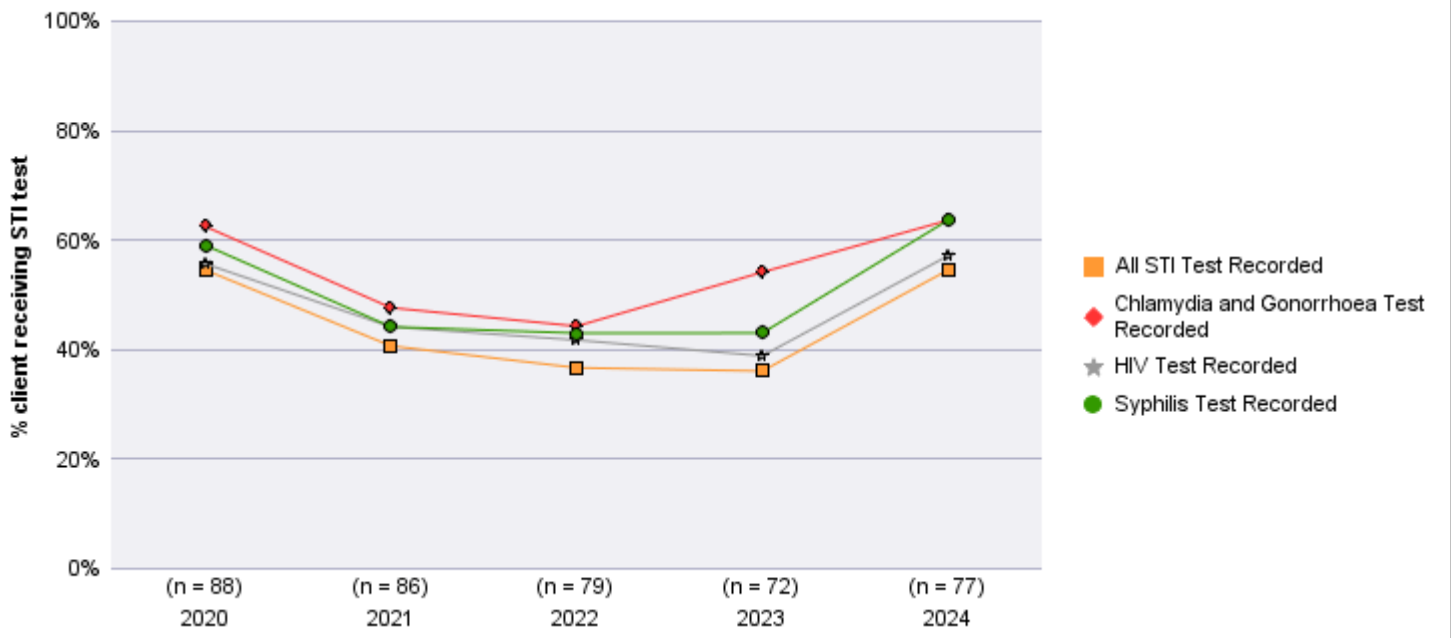
Sample Community - for period 01 July 2024 to 30 June 2025

Figure 1.17a Proportion of resident clients aged between 15 and 35 who have been tested for HIV, Syphilis, Chlamydia and Gonorrhoea during the previous 1 year



*n* = Population (denominator) is the number of resident clients aged between 15 and 35.

Figure 1.17b Trend of resident clients aged between 15 and 35 who have been tested for HIV, Syphilis, Chlamydia and Gonorrhoea by reporting year



Reporting Year(s)	2020	2021	2022	2023	2024
<b>Population (Denominator)</b>	<b>88</b>	<b>86</b>	<b>79</b>	<b>72</b>	<b>77</b>
<b>All STI Test Recorded</b>	55%	41%	37%	36%	<b>55%</b>
<b>Chlamydia and Gonorrhoea Test Recorded</b>	63%	48%	44%	54%	<b>64%</b>
<b>HIV Test Recorded</b>	56%	44%	42%	39%	<b>57%</b>
<b>Syphilis Test Recorded</b>	59%	44%	43%	43%	<b>64%</b>

*n* = Population (denominator) is the number of resident clients aged between 15 and 35

Note: NTG PCIS clinics please be advised that the percentages for All STI Test Recorded and Syphilis Test Recorded were dropped in FY2021/22. This was due to the test naming had been changed from RPR TPPA SYPH IGM SERIAL (VD-0) to RPR TPPA SYPH IGM SERIAL (VD-0) where we were not informed, and which caused the value of KPI 1.17.e Syphilis testing dropped significantly. The FY2021/22 data is not be able to be re-captured due to system limitation, it is a snapshot of data at a particular point in time. We apologies for any inconvenience caused.

## AHKPI 1.17 - STI test recorded

Sample Community - for period 01 July 2024 to 30 June 2025

AHKPI 1.17 The number of resident clients, who are 15 years and over and less than 35 years old and who have been tested for HIV, Syphilis, Chlamydia and Gonorrhoea					
Aboriginal Female clients	Age Group				Total
	15-19	20-24	25-29	30-34	
All STI Test Recorded	6 0%	7 0%	8 0%	3 0%	24 0%
Chlamydia and Gonorrhoea Test Recorded	6 0%	11 0%	8 0%	4 0%	29 0%
HIV Test Recorded	6 0%	7 0%	8 0%	3 0%	24 0%
Syphilis Test Recorded	6 0%	10 0%	8 0%	4 0%	28 0%
Number of Aboriginal Female clients	3,425	3,603	3,144	3,284	13,450
Aboriginal Male clients	Age Group				Total
	15-19	20-24	25-29	30-34	
All STI Test Recorded	1 0%	8 0%	7 0%	2 0%	18 0%
Chlamydia and Gonorrhoea Test Recorded	2 0%	8 0%	8 0%	2 0%	20 0%
HIV Test Recorded	2 0%	9 0%	7 0%	2 0%	20 0%
Syphilis Test Recorded	2 0%	9 0%	8 0%	2 0%	21 0%
Number of Aboriginal Male clients	3,200	2,867	2,553	2,702	11,316
Total ALL	Age Group				Total
	15-19	20-24	25-29	30-34	
All STI Test Recorded	7 0%	15 0%	15 0%	5 0%	42 0%
Chlamydia and Gonorrhoea Test Recorded	8 0%	19 0%	16 0%	6 0%	49 0%
HIV Test Recorded	8 0%	16 0%	15 0%	5 0%	44 0%
Syphilis Test Recorded	8 0%	19 0%	16 0%	6 0%	49 0%
Number of Aboriginal clients	6,623	6,468	5,695	5,984	24,764

# AHKPI 1.18 - Cardiovascular risk assessment

Sample Community - for period 01 July 2024 to 30 June 2025

## Rationale

Cardiovascular disease (CVD) is the biggest cause of premature morbidity and mortality for Aboriginal peoples. The incidence of myocardial infarction for NT Indigenous peoples aged 20-34 is more than 10 times that for non-Indigenous NT residents. CVD risk calculation includes modifiable risk factors and age/sex of clients based on the Framingham equations. Holistic CVD risk appraisal is demonstrably superior to the assessment and management of individual risk factors within a high-risk population.

The calculator used is in the CARPA manual. The CARPA logarithm differs from the national guidelines in that there is a 5% loading for Aboriginality and CV risk calculation starts at age 20 whereas national guidelines recommend 35 for Aboriginal people. Clinical judgement is still important in all cases. Once people have been assessed as high risk, they should remain at high risk and not be re-evaluated because risk factors have been treated (e.g. by treatment with statins). This could lead to treatment being stopped because the patient is now medium risk. A patient may be clinically classified as high risk even though the calculator has classified them as medium risk for instance because of a strong family history of cardiovascular disease.

## Known Data Quality Issues (provided by the system team)

This KPI was introduced as of the Financial 2015/16 report, and is extracted from PCIS dataset. This indicator reports proportion of clients who have a CVR status recorded.

## Key Comments (provided by the health service management)

Enablers:

Barriers:

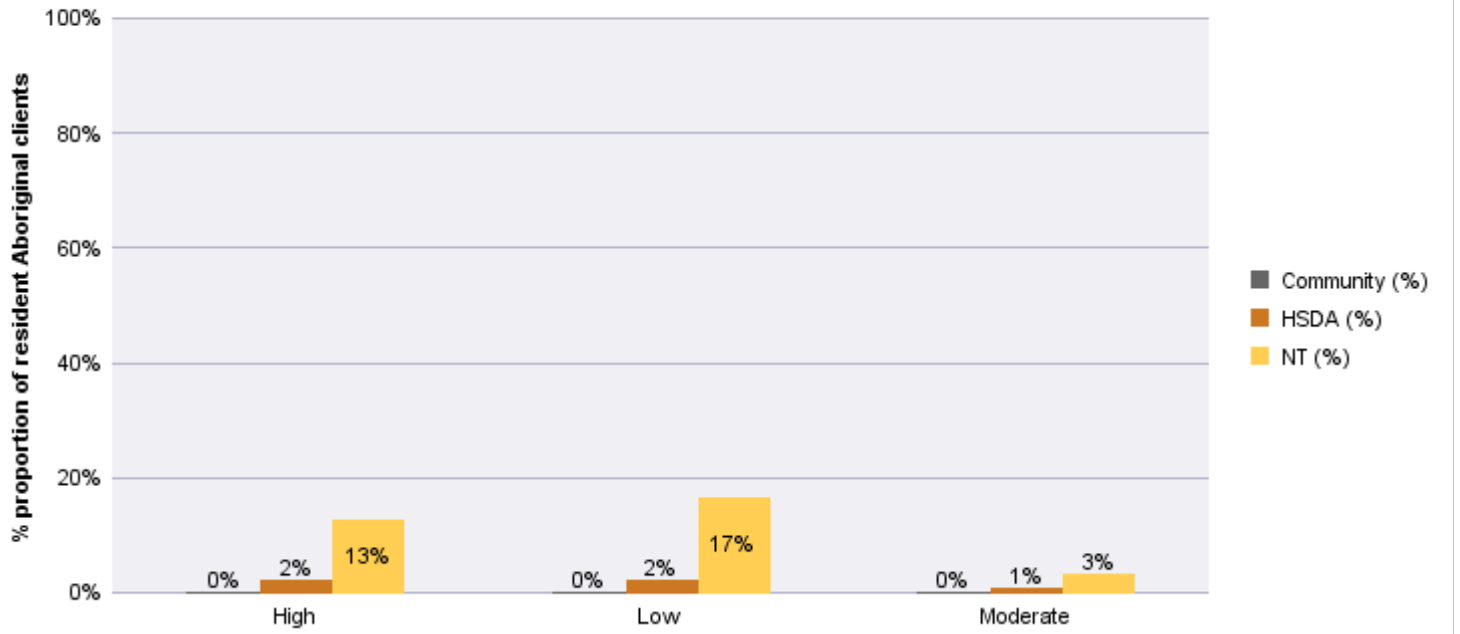
Ideas for Improvement:

Issues questions:

## AHKPI 1.18 - Cardiovascular risk assessment

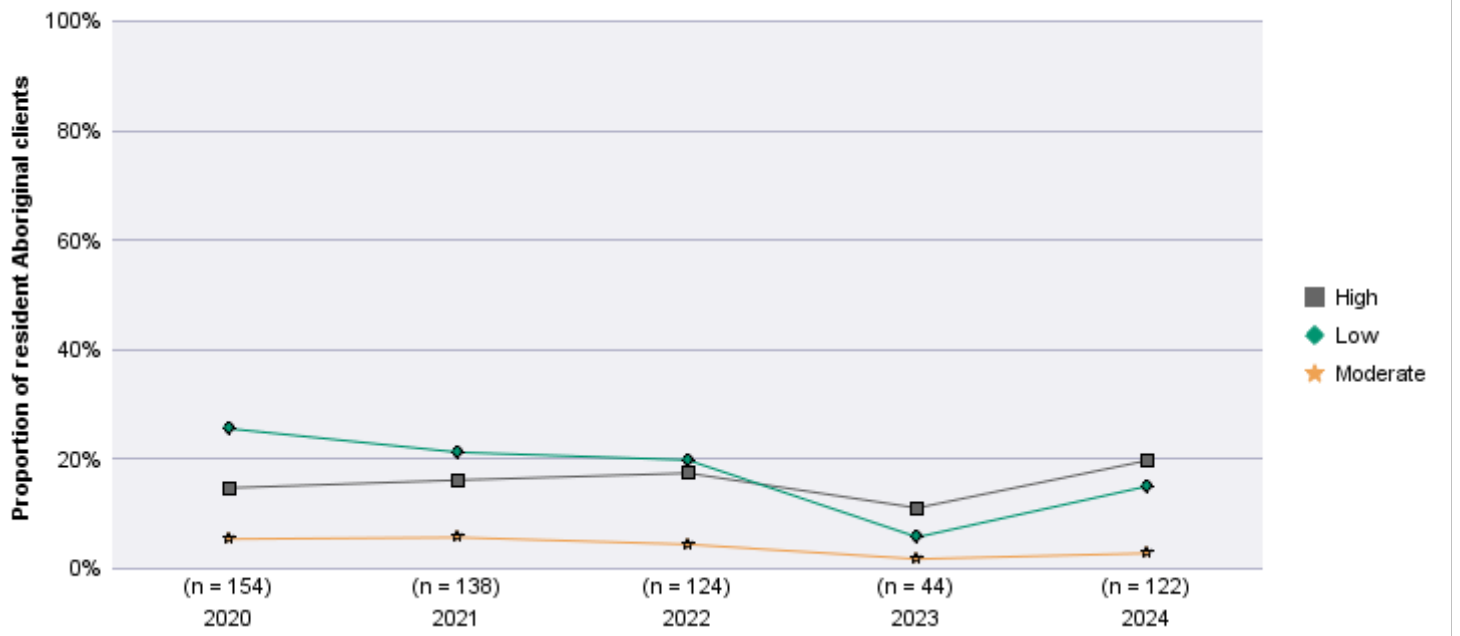
Sample Community - for period 01 July 2024 to 30 June 2025

Figure 1.18a Proportion of resident Indigenous clients, who are 20 years old and over, who have had a Cardiovascular Risk Assessment recorded during the previous 2 years



*n* = Population (denominator) is the number of Aboriginal clients aged 20 and over whose CVD status has been recorded

Figure 1.18b Trend of resident clients aged 20 years and who have had a Cardiovascular Risk Assessment recorded by reporting year



Reporting Year(s)	2020	2021	2022	2023	2024
<b>Population (Denominator)</b>	180	179	170	183	<b>199</b>
<b>Coverage</b>	154	138	124	44	<b>122</b>
<b>CVD Assessment Recorded</b>	46%	43%	42%	19%	<b>38%</b>
<b>High</b>	15%	16%	17%	11%	<b>20%</b>
<b>Low</b>	26%	21%	20%	6%	<b>15%</b>
<b>Moderate</b>	5%	6%	4%	2%	<b>3%</b>

*n* = Population (denominator) is the number of resident Aboriginal clients who are aged 20 years and over during the reporting period.

Coverage is the number of resident Aboriginal clients aged 20 and over whose CVD status has been recorded during the reporting period.

## AHKPI 1.18 - Cardiovascular risk assessment

Sample Community - for period 01 July 2024 to 30 June 2025

AHKPI 1.18 Number and proportion of Aboriginal residents aged 20 years and over who have had a cardiovascular risk assessment											
Aboriginal clients		Age Group								Total (%)	
		20-34		35-54		55-74		75+			
<b>Female</b>	High	1	0%	9	0%	19	0%	6	1%	35	0%
	Low	18	0%	11	0%	3	0%	0	0%	32	0%
	Moderate	0	0%	2	0%	4	0%	0	0%	6	0%
<b>Total number of Aboriginal Female clients who have a CVD status recorded</b>		<b>19</b>		<b>22</b>		<b>26</b>		<b>6</b>		<b>73</b>	
<b>% of clients who have a CVD status recorded</b>		<b>43%</b>		<b>52%</b>		<b>59%</b>		<b>67%</b>		<b>50%</b>	
<b>Total number of Aboriginal Female clients who are 20 years and over</b>		<b>9,896</b>		<b>9,737</b>		<b>4,500</b>		<b>525</b>		<b>24,652</b>	
<b>Male</b>	High	1	0%	8	0%	16	0%	3	1%	28	0%
	Low	10	0%	6	0%	0	0%	0	0%	16	0%
	Moderate	0	0%	1	0%	2	0%	0	0%	3	0%
<b>Total number of Aboriginal Male clients who have a CVD status recorded</b>		<b>11</b>		<b>15</b>		<b>18</b>		<b>3</b>		<b>47</b>	
<b>% of clients who have a CVD status recorded</b>		<b>38%</b>		<b>48%</b>		<b>56%</b>		<b>59%</b>		<b>46%</b>	
<b>Total number of Aboriginal Male clients who are 20 years and over</b>		<b>8,045</b>		<b>8,344</b>		<b>3,782</b>		<b>311</b>		<b>20,476</b>	
ALL clients		Age Group								Total (%)	
		20-34		35-54		55-74		75+			
High		2	0%	17	0%	35	0%	9	1%	63	0%
Low		28	0%	17	0%	3	0%	0	0%	48	0%
Moderate		0	0%	3	0%	6	0%	0	0%	9	0%
<b>Total number of ALL Aboriginal clients who have a CVD status recorded</b>		<b>30</b>		<b>37</b>		<b>44</b>		<b>9</b>		<b>120</b>	
<b>% of clients who have a CVD status recorded</b>		<b>40%</b>		<b>50%</b>		<b>58%</b>		<b>64%</b>		<b>48%</b>	
<b>Total number of ALL Aboriginal clients who are 20 years and over</b>		<b>17,939</b>		<b>18,079</b>		<b>8,280</b>		<b>834</b>		<b>45,126</b>	

# AHKPI 1.19 - Retinal screening

Sample Community - for period 01 July 2024 to 30 June 2025

## Rationale

Diabetic retinopathy is a major cause of blindness but is largely preventable with retinal screening and referral for laser treatment. However, only a minority of Aboriginal people are screened yearly as recommended.

Non-Aboriginal people with diabetes and no other risk factors should be screened two yearly but those at greater risk should have a yearly screen.

## Known Data Quality Issues (provided by the system team)

This KPI was introduced as of the Financial 2015/16 report, and is extracted from PCIS dataset. This item is currently based on a free text field within the service item, this can affect the reported numbers as the ability to confirm if the check has been completed is based on word matching. The definition states that a retinal camera imaging with the image being reviewed by a trained clinician (including optometrist or ophthalmologist), however this level of detail is not currently recorded in PCIS. Work is currently underway to enable retinal screening to be recorded more accurately.

## Key Comments (provided by the health service management)

Enablers:

Barriers:

Ideas for Improvement:

Issues questions:

## AHKPI 1.19 - Retinal screening

Sample Community - for period 01 July 2024 to 30 June 2025

Figure 1.19a Proportion of resident Aboriginal clients who have diabetes, who have had a retinal eye exam recorded during the previous 1 year

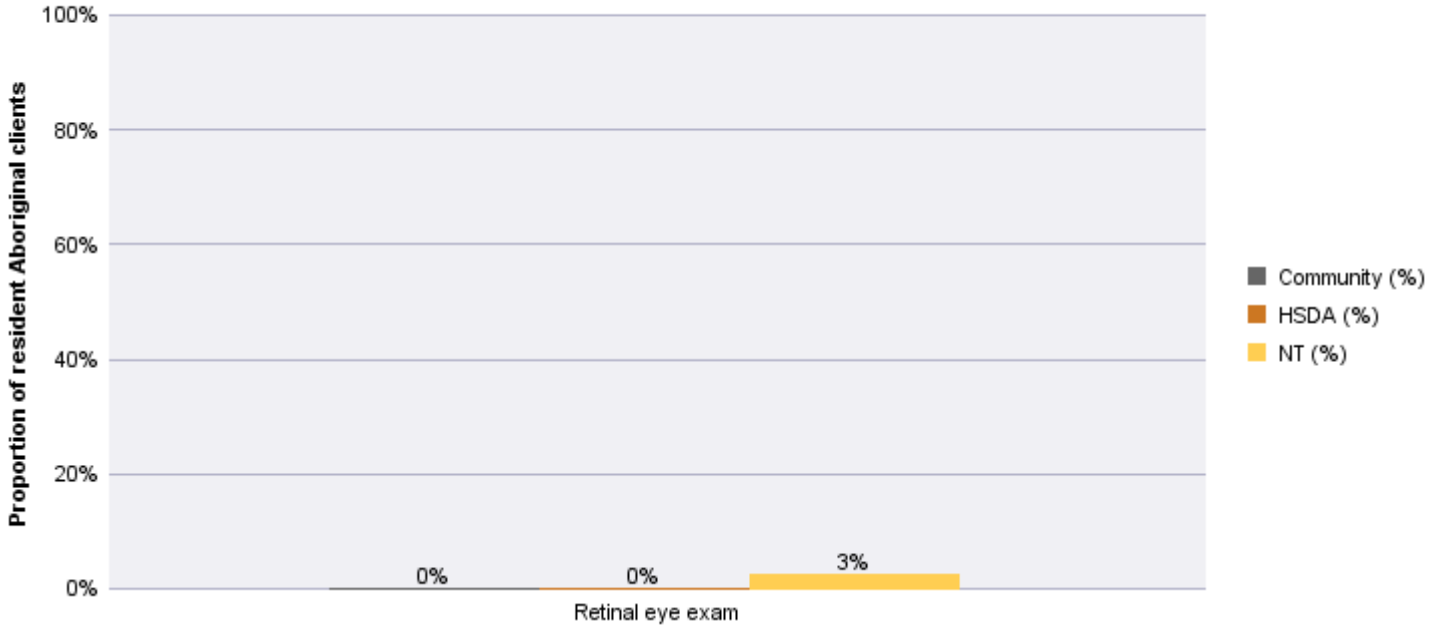
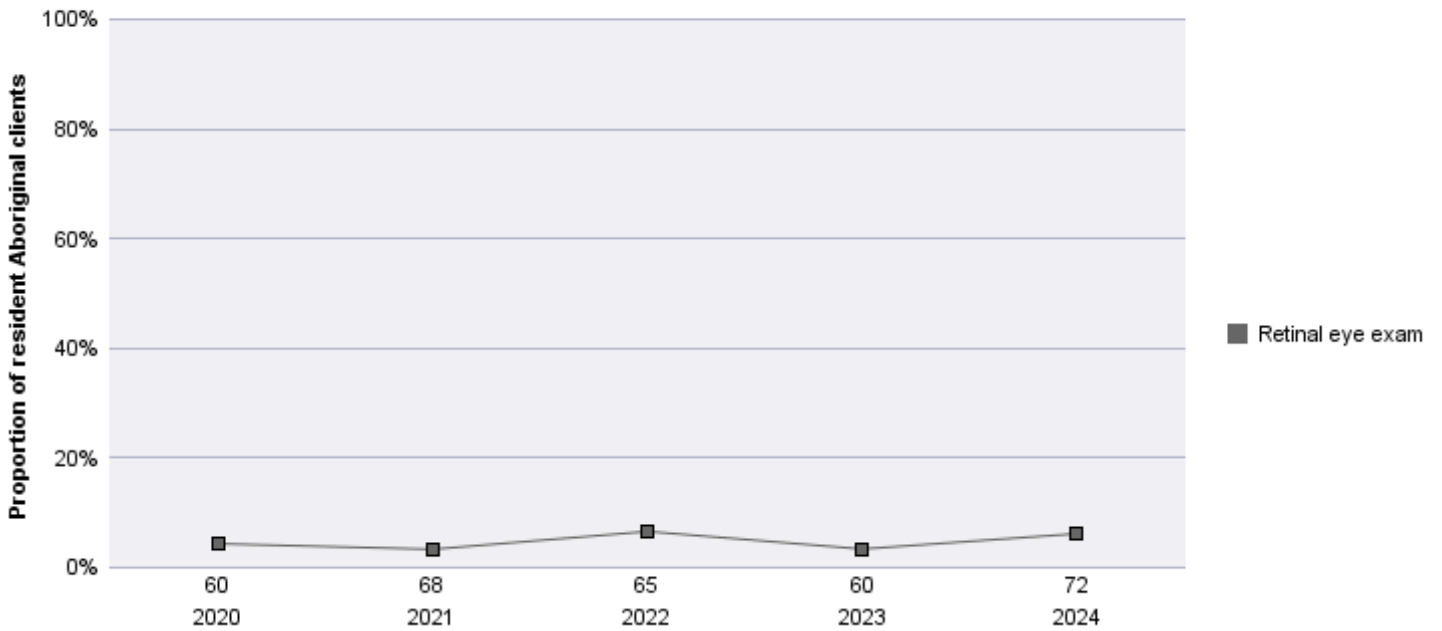


Figure 1.19b Trend of resident Aboriginal clients who have diabetes, who have had a retinal eye exam recorded by reporting year



Reporting Year(s)	2020	2021	2022	2023	2024
Population (Denominator)	60	68	65	60	72
Retinal eye exam	4%	3%	7%	3%	6%

*n = Population (denominator) is the total number of resident Aboriginal clients who have diabetes recorded during 1 year period.*

## AHKPI 1.19 - Retinal screening

Sample Community - for period 01 July 2024 to 30 June 2025

AHKPI 1.19 Number and proportion of Aboriginal residents with diabetes who have had retinal screening							
Aboriginal clients		Age Group					Total (%)
		<15	15-24	25-44	45-64	65+	
<b>Female</b>	<b>Clients who have had an Retinal eye exam in 1 years</b>	1	0	5	10	2	18
	% of clients who have had an Retinal eye exam	3%	0%	0%	0%	0%	0%
	<b>Clients with Diabetes</b>	39	248	2,109	3,296	1,118	6,802
	<b>Clients who have had an Retinal eye exam in 2 years</b>	1	0	5	15	4	25
	% of clients who have had an Retinal eye exam	3%	0%	0%	0%	0%	0%
	<b>Clients with Diabetes</b>	39	248	2,109	3,296	1,118	6,802
<b>Male</b>	<b>Clients who have had an Retinal eye exam in 1 years</b>	0	0	0	4	0	4
	% of clients who have had an Retinal eye exam	0%	0%	0%	0%	0%	0%
	<b>Clients with Diabetes</b>	18	128	1,085	2,258	651	4,134
	<b>Clients who have had an Retinal eye exam in 2 years</b>	0	0	1	6	2	9
	% of clients who have had an Retinal eye exam	0%	0%	0%	0%	0%	0%
	<b>Clients with Diabetes</b>	18	128	1,085	2,258	651	4,134
<b>Total number of Aboriginal clients who have had an Retinal eye exam in 1 years</b>		<b>1</b>	<b>0</b>	<b>5</b>	<b>14</b>	<b>2</b>	<b>22</b>
% of Aboriginal clients who have had an Retinal eye exam		2%	0%	0%	0%	0%	0%
<b>Total number of Aboriginal clients with Diabetes</b>		<b>56</b>	<b>375</b>	<b>3,192</b>	<b>5,552</b>	<b>1,767</b>	<b>10,934</b>
ALL clients		Age Group					Total (%)
		<15	15-24	25-44	45-64	65+	
<b>Total number of ALL clients who have had an Retinal eye exam in 1 years</b>		<b>1</b>	<b>0</b>	<b>5</b>	<b>14</b>	<b>2</b>	<b>22</b>
% of ALL clients who have had an Retinal eye exam		2%	0%	0%	0%	0%	0%
<b>Number of ALL clients with Diabetes</b>		<b>57</b>	<b>375</b>	<b>3,205</b>	<b>5,632</b>	<b>1,843</b>	<b>11,112</b>

# AHKPI 1.20 - Ear Disease in Children

Sample Community - for period 01 July 2024 to 30 June 2025

## Rationale

In Aboriginal children in the Northern Territory otitis media is highly prevalent (70%), commences very early in life and is more severe; leading to perforations of the ear drum and increasing the risk for Chronic Suppurative Otitis Media: persistent discharging ears. Otitis media symptoms are rarely recognised by families and health professionals and prevention, early detection and management is best supported through routine ear examinations linked to other well baby checks and immunisations. Complex and chronic otitis media needs to be tightly case managed as treatment or surgical interventions are required at critical times.

Unlike nerve deafness or sensorineural hearing loss, conductive hearing loss is a fluctuating loss of hearing. Where speech sound different day to day depending on the disease state. It leads to reduction in sound volume and also sound quality. This impacts on the auditory experience or access to speech and sound and the development of neural pathways for auditory skills and processing. Hearing loss affects language, communication, relationships, emotional health, behaviour, education, employment and increases risk of contact with the criminal justice system. The impact of a hearing loss is greatest during the early years.

The degree and impact of hearing loss associated with otitis media varies according to the severity and frequency of episodes, but research suggests that three or more episodes before the age of three years may seriously affect auditory and language development. Ultimately, this affects a child's ability to learn to communicate and read and write, and contributes to poor educational outcomes.

## Known Data Quality Issues (provided by the system team)

This KPI was introduced as of the Financial 2016/17 report. The data for ear disease may not accurately reflect PHC work as this is new indicator & systems may need to be configured to collect the required data.

## Key Comments (provided by the health service management)

Enablers:

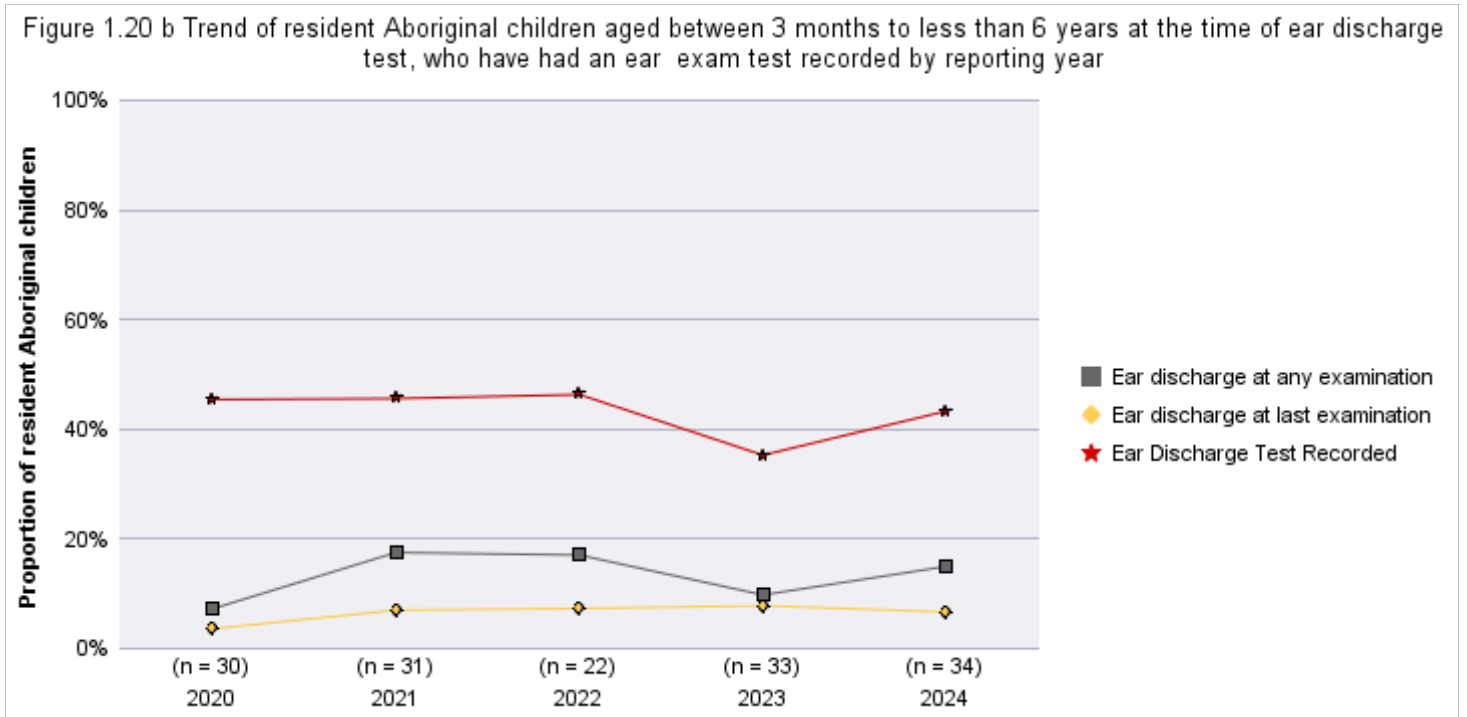
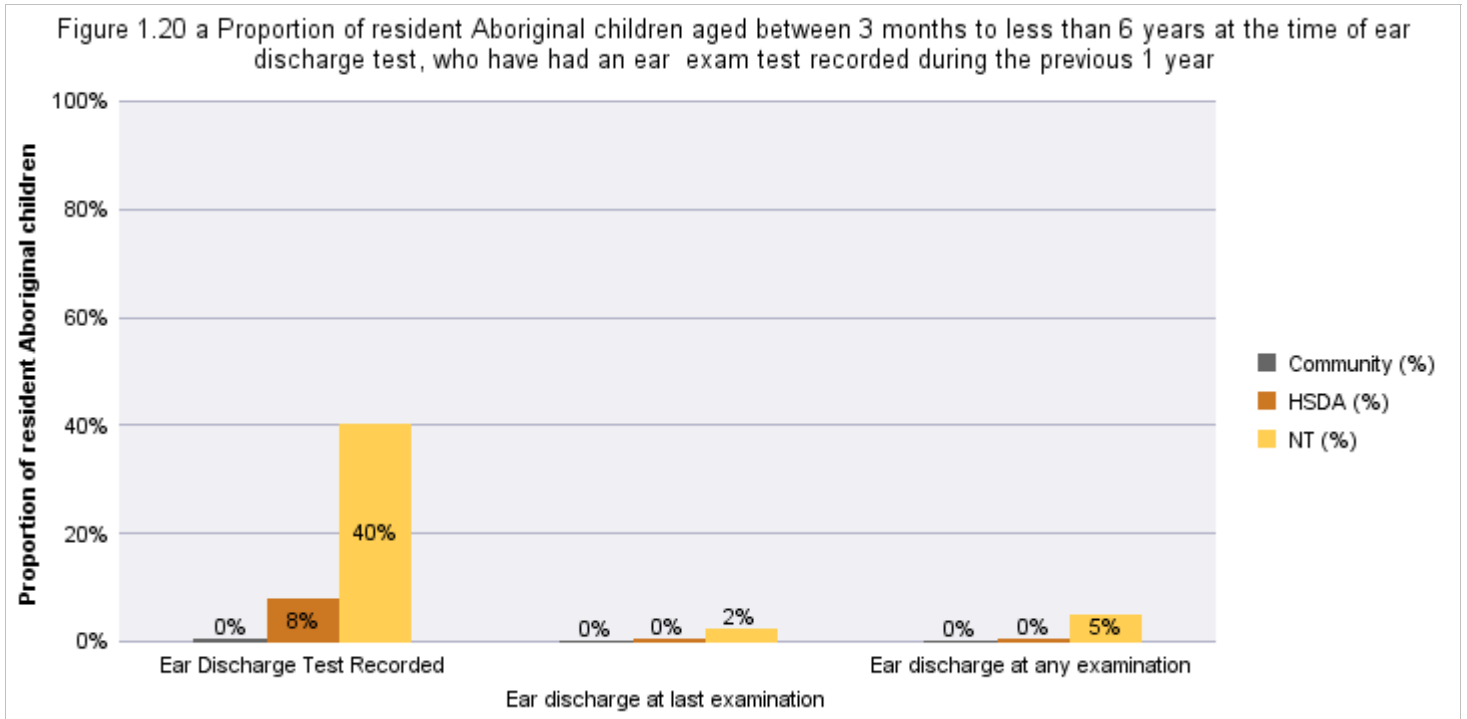
Barriers:

Ideas for Improvement:

Issues questions:

## AHKPI 1.20 - Ear Disease in Children

Sample Community - for period 01 July 2024 to 30 June 2025



Reporting Year(s)	2020	2021	2022	2023	2024
<b>Population (Denominator)</b>	30	31	22	33	34
<b>Ear discharge at any examination</b>	7%	18%	17%	10%	15%
<b>Ear discharge at last examination</b>	4%	7%	7%	8%	7%
<b>Ear Discharge Test Recorded</b>	45%	46%	46%	35%	43%

*n = Population (denominator) is the total number of resident Aboriginal children during reporting period.*

Note: NTG PCIS clinics please be advised that an enhancement on the parameters used to identify a suppurating ear for KPI 1.20 Ear Disease in Children was implemented in this reporting round CY2021.

## AHKPI 1.20 - Ear Disease in Children

Sample Community - for period 01 July 2024 to 30 June 2025

AHKPI 1.20 Number and proportion Aboriginal resident children who are greater than or equal to 3 months to less than 6 years of age at the end of reporting period and who have had ear examination (otoscopy)					
Aboriginal Female children	Age Group (months)				Total
	3-5	6-11	12-35	36-71	
Ear discharge at any examination	0 0%	1 0%	2 0%	3 0%	6 0%
Ear discharge at last examination	0 0%	0 0%	0 0%	2 0%	2 0%
Ear Discharge Test Recorded	0 0%	3 1%	3 0%	8 0%	14 0%
Number of Aboriginal Female children	123	293	1107	1835	3,353
Aboriginal Male children	Age Group (months)				Total
	3-5	6-11	12-35	36-71	
Ear discharge at any examination	0 0%	0 0%	1 0%	2 0%	3 0%
Ear discharge at last examination	0 0%	0 0%	1 0%	1 0%	2 0%
Ear Discharge Test Recorded	0 0%	1 0%	3 0%	8 0%	12 0%
Number of Aboriginal Male children	130	313	1226	1897	3,561
Total All Children	Age Group (months)				Total
	3-5	6-11	12-35	36-71	
Ear discharge at any examination	0 0%	1 0%	3 0%	5 0%	9 0%
Ear discharge at last examination	0 0%	0 0%	1 0%	3 0%	4 0%
Ear Discharge Test Recorded	0 0%	4 0%	6 0%	16 0%	26 0%
Number of Aboriginal children	252	604	2,331	3,730	6,912